



# North Dean Dental

FAMILY & COSMETIC DENTISTRY

867 North Dean Road • Auburn, AL 36830  
(334) 887-6111 • [www.NorthDeanDental.com](http://www.NorthDeanDental.com)

## Records Request Form

If you would like North Dean Dental, P.C. to request a copy of your current records from your previous dentist's office on your behalf, please complete the following Records Request form.

Dr.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Please list the name and DOB of the patient(s) you are requesting current records for here:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize you to release a copy of current dental records for the above listed persons/accounts to North Dean Dental, P.C.

Authorizing Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_