

ArDente Dental, PSC

Dr. Jill Snyder

1009 S. Jackson St
Frankfort, Indiana 46041
(765) 654-7222

www.ArDenteDental.com

Records Release/Request for Transfer of Record

I hereby request the transfer of dental records and current radiographs for myself and listed dependents. I also give permission to release information verbally in regards to previous dates of service for last cleaning, x-rays, etc. to Jill Snyder, DDS at ArDente Dental.

(Signature of Patient/Guardian)

Previous Dentist: _____

City/State: _____

Fax Number: _____

Please send hard copy x-ray's and records to 1009 S. Jackson St Frankfort, In 46041 or digital records can be emailed to info@ardentedental.com. Please include history or fill in history form below.

Sincerely,

Dr. Jill Snyder & The ArDente Dental Team

****Bottom part to be filled in by Patients Previous Dentist****

History

| Patient Name | Last Prophy | Last BWX | Last Pano | SRP History |
|---------------------|--------------------|-----------------|------------------|--------------------|
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For Office Use: Called- Date:_____ Staff:_____

Faxed- Date:_____ Staff:_____

Notes: _____

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