

Lee Dental
6351 Preston Rd. Suite #300
Frisco, Texas 75034
Phone: (972) 712-9000 Fax: (972) 712-1941

Dental Records Release Form

Patient Information
Patient Transferring: _____
Date of Birth: _____ Telephone Number: _____
Current Address, City, State, Zip: _____

Check one box and fill out provider's information completely:

Transferring records out of Lee Dental's office to a new provider:

New Provider's Name or Office Name: _____
Address, City, State, Zip: _____
Office E-mail: _____
Office Telephone Number: _____

Transferring records to Lee Dental's office:

Previous Provider or Office Name: _____
Address, City, State, Zip: _____
Office E-mail: _____
Office Telephone Number: _____

Purpose of this Release (check one):

For treatment at the facility to which records are sent

Other Reason, please explain: _____

By my signature below, I hereby grant permission to Lee Dental to release or obtain information related to my dental/medical history, clinical notes and x-rays/photos to the above noted recipient.

Patient/Guardian Signature

Date