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REQUEST FOR RELEASE OF PATIENT RECORDS

The undersigned acknowledges their lawful authority to request the release of a patient's record, including all x-rays, written treatment records and charting. The undersigned and listed patient hereby requests the transfer of said records and, we hereby, request that you release the following patient's records.

Patient's name:

Date of Birth:

Address:

Patient or Guardian

Date

The undersigned acknowledges receipt that they are lawfully authorized to receive said records.

Richard H. Berman, D.M.D.

Date

We thank you in advance for help and cooperation in this matter.