Birch Family DENTISTRY
Dr. Bhavya Patel, DMD

174 State Rte 101, C-1 | Bedford NH 03110 | **Fax** 603.471.6022 | **Tel** 603.471.6000 | **BirchFamily**DentistryNH.com

**Please provide this form to previous office

Incoming Record Release Request

Patient Information (Please Print)

Name: _____ DOB: _____

Additional Family Members:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Transfer Records to:
Office Name: **Birch Family Dentistry**
Phone Number: **(603)471-6000**
Email: **office@jjohnsondmd.com**

Previous Office Info:

Office Name: _____

Office Email: _____

Office Fax: _____

I authorize the release of my, and my family members, records to be transferred.

Patient signature: _____ Date: _____