Birch Family DENTISTRY
Dr. Bhavya Patel, DMD

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Outgoing Release of Records

Date _____

Patient's Name _____ Date of Birth _____

Additional:

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Reason for transfer: _____

Please forward my records to:

New Dentist Name/Office Name _____

Email Address _____

Patient Signature _____
(or Guardian Signature if patient is a minor)