



Records Release Form

If you would like Palm Beach Children's Dentistry to release your child's/children's dental records, please complete this form and send it to our office via email at DrAmeer@PBChildrensDentistry.com or fax it to us at (561) 798-4996.

Entire form must be completed.

I, _____, am requesting release of my child's/children's dental records from

Palm Beach Children's Dentistry for the following reason: _____

Patient's Name(s)

Date of Birth

Please Note: Per office policy, records will NOT be e-mailed to a personal e-mail address. A hard copy printout of records can be requested. Otherwise, records will be e-mailed to your child's/children's new dental office. Please keep in mind that we need at least two business days to prepare patient records. Once records are released, your account and future appointments will be inactivated and your child/children will no longer be considered an active patient of record at Palm Beach Children's Dentistry. Our office will be available for emergency care for your child/children up to 30 days after the date of this form.

- Please email my child's/children's records to the office named below
- I would like to pick up a hard copy of my child's/children's records instead of emailing them to another office

New Office/Dentist's Name: _____

New Dental Office Address: _____

Email records to: _____

Parent/Guardian Signature

Date

Parent/Guardian Printed name

Phone number