

The Main Street Dentists, Inc.

Jon D. Mehr, DDS
Martha Bridges Mehr, DDS
606 W. Magnolia Street
Leesburg, FL 34748
Phone: 352-787-4800 Fax: 352-787-9091
Email: doctormehr@themainstreetdentists.com

DENTAL RECORDS RELEASE FORM

PREVIOUS DENTIST _____
ADDRESS: _____
CITY/ST/ZIP: _____
PHONE NUMBER: _____ FAX: _____

PATIENT INFORMATION

Patient Name _____ DOB: _____ SSN: ____ _

OTHER FAMILY MEMBERS (if applicable)

Patient Name	DOB	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELEASE TO: The Main Street Dentists, Inc.

INFORMATION REQUESTED:

____ Copy of complete dental chart ____ Copy of dental x-rays
____ Probing depth chart ____ Other

If records are digital, please email: doctormehr@themainstreetdentists.com (Dexis or .jpeg)

PURPOSE OR NEED FOR WHICH INFORMATION IS TO BE USED:

____ Transfer of Records ____ Second Opinion ____ Other _____

AUTHORIZATION: *I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this Authorization at any time, except to the extent that action has already been taken to comply with it.*

Patient Name (Print)

Patient Signature (parent if minor)

Date

* Return completed form to The Main Street Dentists, Inc. via fax, email or in person