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

DENTAL RECORDS RELEASE FORM

PREVIOUS DENTIST_____

ADDRESS_____

CITY/ST/ZIP_____

PHONE NUMBER_____**FAX**_____

PATIENT INFORMATION

Patient Name _____**Phone #**_____

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 (patient if minor)** **Date**

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