



All About Kids Pediatric Dentistry
3285 Hacks Cross Rd, Ste 101, Memphis, TN 38125
Phone 901-759-0970 Fax 901-759-0904
www.pediatricdentistmemphis.com

Dental Records Release Form

Patient Name to Transfer: _____

Date of Birth: _____

Please release dental records for the patient listed above to the following Dental Office:

Office: _____

Address: _____

Number: _____

Fax: _____

Email: _____

Duplication of Records Fee: _____

I, _____, hereby give All About Kids Pediatric Dentistry permission to release all dental records, including x-rays, charting, and photographs to the dental provider listed above.

Parent/ Guardian Signature: _____ Date: _____

After signing and dating this form, you can fax, email, or bring the form by the office. Please note that any requests for records require 72 hour notice.