



# GREEN LAKES DENTAL

511 E. GENESEE STREET FAYETTEVILLE, NY 13066  
(315)637-4616 office@greenlakesdental.com

## RECORDS REQUEST FORM

Please complete this form and send to your previous dental provider prior to your appointment in our office.

I, \_\_\_\_\_, DOB: \_\_\_\_\_

authorize the release of mine and my children's records, including dental radiographs to Green Lakes Dental.

### Family and/or Children's Names:

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

Signature

Date

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### FOR PREVIOUS PROVIDERS OFFICE TO COMPLETE

Date of last BW's taken:	_____
Date of last FMX Series taken:	_____
Date of last PAN taken:	_____

In order to assist us with the most current information, we kindly ask that once completed, this form AND the patients most recent films (FMX, BW's and PAN) are emailed over to [office@greenlakesdental.com](mailto:office@greenlakesdental.com)