Authorization to Release Dental Records and Medical Information

Patient Name(s):

____ DOB: _______________
____ DOB: _______________
____ DOB: _______________
____ DOB: _______________

To:____

(name of dental office where the records are located)

I, _______________________________,am the parent/guardian for the above named minor patients. Please email the following electronic copies of my child(ren)'s dental records to our new dental provider **Pediatric Dentistry of Brooklyn**.

Please send all records requested below to **records@PDofBrooklyn.com**

The following information is requested:

__X__ Digital image file copies of all current digital intraoral radiographs (less than 2 years old)
__X__ Digital image file copies of current panoramic radiographs (less than 3 years old)
__X__ Scanned copy of all dental tooth charting forms (odontogram)
__X__Scanned copies of all treatment record notes

If film x-rays are used, please mail diagnostic copies to:

Pediatric Dentistry of Brooklyn, 32 Court Street, Suite 609, Brooklyn, NY 11201

My child(ren)'s next dental visit with their new dental provider is on __________________________. Please have the records sent to me prior to this date. Your immediate assistance will ensure that my child(ren) receive the most accurate and professional dental treatment in a timely manner.
Thank you for your prompt attention to this matter.

The above named is authorized to release my child's dental records as indicated. This release is valid for one year and may be revoked at any time.

________________________________ ________________________________
(parent/guardian name) (parent/guardian signature)

____
(date of request)

The NY State Department of Health requires that a health care professional provide a patient, or their legal representative, with copies of requested healthcare records in a reasonable amount of time. Under state law, failure to provide medical and health records as requested by a qualified individual is misconduct.
For more information regarding records held by dentists, please call 518-402-1039.
(Source: NYSDOH - New York's Medical Conduct Program)