



Record Release from Palm Beach Children's Dentistry

If you would like us to release your child's records,

Please fill out this form and email to drameer@pbchildrensdentistry.com or

fax it to our office at: (561) 798-4996.

I, _____, am requesting release of my child/children's dental records from Palm Beach Children's Dentistry for the following reason:

Child's Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____

Please Note: Per office policy, records will NOT be e-mailed to a personal e-mail address. A hard copy printout of records can be requested. Otherwise, records will be e-mailed to your child's/children's future dental office. Once records are released, your account and future appointments will be inactivated. Your child will no longer be considered a patient of record at Palm Beach Children's Dentistry.

Office/Dentist's Name: _____

Dental Office Address: _____

Email records to: _____

Parent/Guardian Signature

Date

Parent/Guardian Printed name

Phone number