Park Place DENTAL

IT ALL STARTS WITH A SMILE.

Name of transferring Patient: _____

Date of birth: _____

Phone number: _____

Other family members to transfer records: _____

_____

Previous dentist or name of practice: _____

Address: _____

Phone: _____

Please forward any of the following available information: x-rays, periodontal charting, clinical charting, treatment plans, and photos to Dr. Mary Gaddis, at Park Place Dental.

I hereby authorize the release of any and all dental records to Dr. Mary Gaddis.

_____ _____

Patient signature (parent if minor) Date

Please email digital records to:
info@parkplacedds.com

Mail/fax to:
Park Place Dental
245 E. NC Hwy 54
Durham, NC 27713
919-484-8044 (fax)