



Dear Prospective Patient,

If you are planning to become a patient in our office, we will need radiographs (x-rays) to evaluate your dental conditions and provide treatment. If you have had recent x-rays taken in another office, you have the option of paying for new x-rays or transferring your records from your previous dentist.

If you would like to have your records from your prior office, you have the following options:

1. Call your current dentist and request that your records be prepared for you to come and pick them up. They will normally require you to sign a release form at the time you collect the documents. Please bring them to our office on or before your appointment. We cannot perform any dental treatment without acceptable radiographs.
2. You can print, complete and sign the attached records release form. Then, mail, fax or drop it off at your current dental office and determine how your records will be sent to our office. You may take them with you, have them mailed or emailed (if digital records exist)
3. Please contact our office to advise that records have been requested if they will be delivered by any other method than delivery by you. Please allow your current office at least two weeks for the records to be delivered to us. If you do not have that amount of time, you may need to make special arrangements with your current dentist or pick up the records.

Please note that we have digital x-rays, so we are able to receive jpeg or Dexis images from other offices or we can scan your records into our electronic files.

***If you have an outstanding balance, your current dentist has the right to hold your records until your balance is satisfied.

If you have any questions about this process, please contact us at (803) 749-3333.



Records Release Request

To Whom it May Concern:

Please release the records of _____ to:

Dutch Fork Family Dentistry, PA
7436 Broad River Road, Suite 111
Irmo, SC 29063
Phone (803) 749-3333
FAX (803) 749-3335

Please note that the records may be mailed electronically to:

dutchforkfamilydentistry@gmail.com

Patient Signature: _____ Date: _____

Thank you.