

DENTAL RECORDS RELEASE FORM

BeyondJustSmiles.com

Drs. Esther Kim 76 Allds Street, Ste 6, Nashua NH 03060

Patient Transferring: _____

Date of Birth: ____/____/____ Telephone Number (____) _____

Current Address: _____

Transferring records into Drs. Kim's office:

Please send clinical notes, films, perio chart and any other pertinent information to assist with this patient's continuity of care.

My previous Dentist or Office Name: _____

Address: _____

Email (print clearly) or Phone Contact: _____

Please send digital records to: Admin@BeyondJustSmiles.com

BrightSquid is the HIPAA compliant encrypted email service used in the office.

Office Mailing Address: Beyond Just Smiles, 76 Allds Street, Suite, 6, Nashua, NH 03060-4758

Phone: 603-882-3001 Fax: 603-882-368 Email: Admin@BeyondJustSmiles.com

Website: www.BeyondJustSmiles.com

Transferring records out of Drs. Kim's office:

New Provider's Name: _____

Address: _____

Office Email or phone contact: _____

While your complete dental record is always available to you upon request, our general practice with a patient request is to send the most recent x-rays (radiographs) as well as perio charting when available and clinical notes unless additional information is requested.

**Physical or CD copies of records may incur a fee.* According to NH State Law, your original records are property of this office and will remain in safekeeping for seven years.

I hereby grant permission to Esther Y Kim DDS PLLC, Beyond Just Smiles, to release or obtain information related to my dental/medical history, clinical notes, and x-rays/photos to the above noted recipient.

X

Patient Signature (parent if minor)

Date

Additional MINOR*(S) children to be transferred, please list below: (*under 18 years of age)

Reason for Release: ___ Moving ___ Insurance ___ Changing Dentist ___ Other: _____