



### Dental Records Release Form

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

Other Family Member to Transfer: \_\_\_\_\_

Previous Dentist or Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

\*\* Please forward any of the following information that you have on the above mention patient(s) to Stonecrest Family Dentistry\*\*

\_\_\_\_\_ Radiographs

\_\_\_\_\_ Periodontal Probing Chart

\_\_\_\_\_ Chart Notes

\_\_\_\_\_ Photographs

**Please Email to :**

**[admin@stonecrestfd.onmicrosoft.com](mailto:admin@stonecrestfd.onmicrosoft.com)**

I hereby give you permission to release any and all of my dental records to Stonecrest Family Dentistry.

Patient /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dr. Donald Cabana**

**1147 Stonecrest Blvd. Suite 105 Tega Cay, SC 29708  
803-547-6000 [www.stonecrestfamilydentistry.com](http://www.stonecrestfamilydentistry.com)**