



Bethesda | Rockville | Vienna

Patient Request for Records

I, _____, would like to request a copy of my dental records. I understand that by Maryland State Law, the dental office needs to be notified in writing of my request 30 days in advance. As a courtesy, Prosthodontics Endodontics will try to prepare them expeditiously.

I would like to request dental records for the following patients including myself, my spouse, and/or dependents:

If I am requesting dental records for my spouse or any adult patient, I agree that I have obtained their permission to do so.

Reason for your request:

Please ensure that you do not have any other outstanding balance with us before you request for your records to be transferred, including pending insurance payments.

Please provide us with an email address and/or to where your record can be forwarded to:

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____