



Family
Dentistry

Dental Records Release Form

Patient Name to transfer: _____

Date of Birth: _____ Phone number: _____

Other family members to transfer: _____

Previous Dentist or Practice Name: _____

Address: _____

City/St/Zip : _____

Phone number: _____

Please forward any of the following information that you have: x-rays, probing depth chart, charting, and photographs to Martha Carr DDS.

I hereby give you permission to release any and all of my dental records to Dr. Carr.

Patient Signature (parent if a minor)

Date

If records are digital, please email to:

Front-office@marthacarrdds.com

Or mail to:

Martha Anne Carr DDS
280 Dalwill Drive
Mandeville, LA 70471