



200 Main St EXT
Middletown, CT 06457

Call Today **860-269-0329**

I fully understand and accept the risks associated with the transfer of patient records via email and US mail. I agree to hold harmless my current and future health care provider(s) for any lapse in security that may occur as a result of this record transfer request. I authorize the release of dental records and/or x-rays via email (apolloniadentalda@gmail.com) or regular US mail for patient(s) listed below.

NAME(S): _____ DOB: _____
NAME(S): _____ DOB: _____
NAME(S): _____ DOB: _____
NAME(S): _____ DOB: _____
NAME(S): _____ DOB: _____

FROM:

NAME of PREVIOUS DENTAL OFFICE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SEND RECORDS TO: Apollonia Dental

ADDRESS: 200 Main Street Extension

PHONE: 860 704 8000

EMAIL: apolloniadentalda@gmail.com

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____