



**Abhishek Bhaumik, DDS, MS**

252 Stonebrook Pkwy, #600 Frisco, TX 75034

Tel: 469.384.8130

stonebrookpediatricdentistry.com

[office@stonebrookpediatricdentistry.com](mailto:office@stonebrookpediatricdentistry.com)

### **Request to Release Records-Transfer Out**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**I hereby authorize the release of dental/medical records, including but not limited to personal patient information, medical and dental histories, examination records, referral/consultation recommendations/reports, diagnostic models and any other related materials or copies of such:**

**Send Records to Doctor:** \_\_\_\_\_

**Office Email Address:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Date Records are needed by:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_