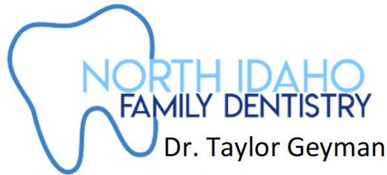

Dr. Taylor Geyman
6503 Harrison St, Bonners Ferry, ID 83805
P: (208) 267-0203 F: (208) 943-3161

Dental Records Release Form

Patient Name to Transfer: ____
Patient DOB: ________________ Patient Phone Number: ______________________

Other Family Members to Transfer: ____

____

Previous Dentist or Practice Name: ____
Address: ____
City, State, Zip: ____
Phone Number: ______________________ Fax Number: _________________________

Please forward any of the following information that you have:
___ X-rays
___ Perio chart
___ Treatment plan
___ Please indicate what type of cleaning patient was receiving with your office and if they have ever had SRPs

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

____ ________________
Patient Signature (parent/guardian if a minor) Date

If records are digital, please email to **info@northidahofamilydentistry.com**
Or mail to:
North Idaho Family Dentistry
6503 Harrison Street
Bonners Ferry, ID 83805