



Dadiala Family Dentistry
COMPREHENSIVE COSMETIC AND FAMILY DENTISTRY

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www.dadialafamilydentistry.com ▪ info@dadialafamilydentistry.com

Patient Record Release to Our office

Today's Date _____

Patient's Name _____

Date of Birth: _____

I authorize _____ to transfer a copy of my dental records to the office of:
_____ (office Name)
_____ 978-957-5511 and/or 978-957-6419 Fax (office number)
_____ info@dadialafamilydentistry.com (email address)

TREATMENT INFORMATION

Last Hygiene Appointment _____

Last BW Radiographs _____

Last FM Radiographs _____

Last Panorex _____

Periodontal Status _____

COMMENTS

Patient's signature: _____