



GINA M PICCIONI, DMD • JOHN G HARTMANN, DDS

344 LATHROP • RIVER FOREST, IL 60305  
riverforestdental.com • 708.366.6760

## Records Release/Request

To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**I hereby authorize the release of my dental record or copies of such and request that they be transferred;**

To:      River Forest Dental Studio \_\_\_\_\_

Address:      344 Lathrop Ave. \_\_\_\_\_

City:      River Forest \_\_\_\_\_ State:      IL \_\_\_\_\_ Zip:      60305 \_\_\_\_\_

Phone:      (708) 366-6760 \_\_\_\_\_ Fax:      (708) 366-6762 \_\_\_\_\_

Email address:      office@riverforestdental.com \_\_\_\_\_

Print name of patient(s) \_\_\_\_\_

DOB(s) \_\_\_\_\_

X-rays requested:      Pano or FMX (w/n 8yrs) \_\_\_\_\_      BW (w/in 1.5 yr) \_\_\_\_\_  
Date Date

Implants placed (Y/N) \_\_\_\_\_ IF Yes, provide letter on manufacturer & date placed

Crowns done (Y/N) \_\_\_\_\_ If yes, tooth #, date seated & material \_\_\_\_\_

4355 ever done (Y/N) \_\_\_\_\_ 4341 or 42 done (Y/N) \_\_\_\_\_ -Dates/quads \_\_\_\_\_

X \_\_\_\_\_  
Patient/Parent/Guardian Signature Date

**“HIPAA requires that we take reasonable steps to protect against email transmission risks but acknowledges that a balance must be struck between the need to secure PHI and the need to ensure that clinicians can efficiently exchange important patient care information. Please be aware that e-mail communication can be intercepted in transmission or misdirected. Please consider communicating any sensitive information by telephone, fax, or mail.”**

\_\_\_\_\_  
Initial