



**PRINT THIS FORM AND RETURN IT TO PAW PAW FAMILY DENTISTRY**  
 32800 E. Red Arrow Highway    EMAIL: PPFddesk@gmail.com  
 PO Box 232    FAX: (269) 585-6077  
 Paw Paw, MI 49079    PHONE: (269) 657-4001

## INCOMING Dental Records Release Form (FAMILY)

Patient Name to transfer: \_\_\_\_\_ DOB \_\_\_\_\_  
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 Patient Name to transfer: \_\_\_\_\_ DOB \_\_\_\_\_  
 Patient Name to transfer: \_\_\_\_\_ DOB \_\_\_\_\_

Phone Number (Head of Household): \_\_\_\_\_

Previous Dentist or Practice Name: \_\_\_\_\_

Previous Practice Phone #: \_\_\_\_\_ FAX: \_\_\_\_\_

Previous Practice Email: \_\_\_\_\_

- Patient Option #1  
Return this completed form to Paw Paw Family Dentistry at least two weeks prior to your upcoming appointment and we will gladly contact your previous dentist for you.
- Patient Option #2  
Give this completed form to your previous dental office at least two weeks prior to your upcoming appointment with us.

*I hereby give permission to release any and all of my dental records to Paw Paw Family Dentistry.*

Patient Name PRINTED: \_\_\_\_\_  
 (Head of Household)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Head of Household)

**NOTE TO PATIENT:**

*Please have your previous dentist forward any current x-rays **BEFORE** your appointment. This is to save you money, because if we do not have your current x-rays on the day of your visit, we may need to take new ones, and that entire fee will be your responsibility. Insurance companies will not pay for x-rays twice if what they have on file is considered current.*