



Smile Designs by
DANIEL H. DAVIS DDS, PA

Implant, Cosmetic & Restorative Family Dentistry

4000 Brown Trail, Colleyville, TX 76034

danielhdavisdds@sbcglobal.net

817.656.9366

Release of Dental Records to Daniel H. Davis, D.D.S., P.A.

I, _____ would like to transfer my dental records to Dr. Daniel
Patient Name
H. Davis. Please send a copy of the records indicated below to danielhdavisdds@sbcglobal.net.

The office of Dr. Davis requests that all records sent via email are encrypted in order to properly protect patient information. If the records are not kept electronically, please send a hard copy to 4000 Brown Trail, Colleyville, TX 76034.

Please send the following records to Dr. Davis:

- Most recent bitewing X-rays
- Most recent periodontal charting
- Most recent FMX/pano
- Other (please specify) _____

If the request is by the patient:

Patient Signature Date

If the request is by a patient's personal representative:

I certify that I have the legal authority under federal and state laws to make this request on behalf of the patient identified above.

Name of Personal Representative Relationship to Patient

Signature of Personal Representative Date

For questions, please contact the Privacy Official, Cathy Davis, at (817) 656-9366.