Gregg L. Kassan, DDS, PC

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frontdesk@drkassan.com

[www.drgkassan.com](http://www.drgkassan.com/)

Request for Transfer of Records

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the release of dental records and radiographs to be transferred to the office listed below for the following patient(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Name & DOB Patient/Parent’s Signature Date

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Patient’s Name & DOB Patient/Parent’s Signature Date

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Patient’s Name & DOB Patient/Parent’s Signature Date

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Patient’s Name & DOB Patient/Parent’s Signature Date

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Patient’s Name & DOB Patient/Parent’s Signature Date

**Please release my protected health information to the office below.**

**Gregg L. Kassan, DDS, PC**

**5077 Waterway Drive**

**Montclair, VA 22025**

**frontdesk@drkassan.com preferred method of receiving records**