

# Heathcote Dental

7450 Heritage Village Plaza Suite 102 • Gainesville VA 20155 • 571.248.6585

## Dental Records Release Form

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other family members to transfer: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

Please forward any of the following information that you have: x-rays, probing depth chart, charting and photographs to Heathcote Dental, Dr. Lloyd Rogers and Dr. Linda Jones-Rogers.

I hereby give you permission to release any and all of my records to Dr. Rogers.

\_\_\_\_\_  
Patient Signature (parent if a minor)

\_\_\_\_\_  
Date

Please email digital records to [heathcotedental@gmail.com](mailto:heathcotedental@gmail.com)

Or mail to:

Heathcote Dental  
7450 Heritage Village Plaza, Suite 102  
Gainesville VA 20155  
p 571.248.6585  
f 571.248.6587

Thank you and please call 571.248.6585 with any questions.