



Chelsea Family Dentistry, PC
300 Jade Park, Suite 302
Chelsea, Al 35043
chelseadental@bellsouth.net
Office: 205-678-2096
Fax: 205-678-2098

Date: _____

Dr. _____

I _____ give permission to transfer all radiographs and any information about treatment to Chelsea Family Dentistry, P.C. for the following patients.

Signature: _____

Patient Name: _____

Patient Name: _____

Patient DOB: _____

Patient DOB: _____

Date last Cleaning: _____

Date last Cleaning: _____

Date Last Bitewings: _____

Date Last Bitewings: _____

Date Last Pan: _____

Date Last Pan: _____

Patient Name: _____

Patient Name: _____

Patient DOB: _____

Patient DOB: _____

Date last Cleaning: _____

Date last Cleaning: _____

Date Last Bitewings: _____

Date Last Bitewings: _____

Date Last Pan: _____

Date Last Pan: _____