

Notice/Authorization to Destroy Dental Record

Date _____

Dear _____:

I am in the process of destroying dental records that I have determined are no longer of any use to me or other dentists in providing you dental care. I am required by law to first notify you of the impending destruction of your dental record and to obtain your written authorization for its destruction. Please indicate below (by checking the appropriate box) if you would rather I send the dental record to you or if you would like it to be transferred to another dentist. You have 30 days to request this transfer.

Sincerely,

Dr. _____

AUTHORIZATION:

I authorize you to destroy my dental record.

Please send my dental records to me.

Please send my dental records to: _____

Signature of Patient or
Patient's Authorized Representative