

SOLARIS Dentistry

Dental Records Request

Requesting Records from:

Facility: _____

Address: _____

Phone #: _____ Fax #: _____

Dear _____;

Our mutual patient: _____ DOB: _____ has requested
a copy of their Patient Records be forwarded to us at: ContactUs@SolarisDentalHealth.com.

- Dental X-Rays & Images (including Pano, FMX, BWC, PA's, Intra-orals)
- Completed Treatment History at your facility – Including last service dates
- Unfinished Treatment Plans
- Patient Ledger (Showing Charges & Credits)

Our patient is scheduled for their appointment during the upcoming week. If at all possible, we would love to have their records prior to this visit; specifically **BEFORE**: _____ .

******If, for any reason, you are unable to forward the records, please contact me at your earliest convenience.

We appreciate your help in making this transfer as smooth as possible. We look forward to working with you in the future.

Patient Signature: _____

Patient's DOB: _____

Thank you for your prompt response!

Solaris

4917 S. Alma School Road, Ste. 1 ~ Chandler, AZ 85248

Phone: 480.802.6617

Fax: 480.802.5711

E-mail: contactus@solarisdentalhealth.com