

Blue Ridge General Dentistry

Patient Record Request Form

Name of patient whose record is requested : _____

DOB _____

Phone _____

Address _____

City _____ State _____ Zip _____

Please provide a copy of the record as indicated below:

___ X-rays only

___ Dental record summary for the following time frame _____ through _____

___ A specific section of the dental record as described below:

Signature of Patient _____

North Carolina Dental Law

21 NCAC 16T.0102 Transfer of records upon request

A dentist shall, upon request by the patient of record, provide original copies of the radiographs and a summary of the treatment to the patient or to a licensed dentist identified by the patient. A fee may be charged for duplication of radiographs and diagnostic materials. The treatment summary shall be provided within 30 days of the request and shall not be contingent upon current, past or future dental treatment or payments of services.

History note: Authority G.S. 90-28; 90-48;

Eff. October 1, 1996