



259 Hydraulic Ridge Rd., Suite 101, Charlottesville, VA 22901
(phone) 434-293-9300 (Fax) 434-973-9310 www.cdcva.org

Dental Records Request Form

Patient name to transfer: _____

Date of birth: _____ Phone number: _____

Other family members to transfer: _____

Previous dentist or practice name: _____

Address: _____

City/St/Zip: _____

Phone number: _____

Please forward any charts and radiographs that you have for the patients listed above to Dr. Susan Seal at Community Dental Center.

I hereby give you permission to release any and all of my dental records to Dr. Susan Seal.

Patient/Legal Representative Signature

Date

If records are digital, please email to: clittle@cdcva.org

Or mail to:

**Community Dental Center
259 Hydraulic Ridge Rd.
Suite 101
Charlottesville, VA 22901**