

# REQUEST FOR TRANSFER OF RECORDS

- 1) Fill out names for whom records are requested
- 2) Responsible Person Signs
- 3) Fill out name of previous dentist
- 4) Click the "Print Form" button

Date

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1

Patient or  
Parent Name

2

Signature:

Child Name

Child Name

Child Name

3

Previous Dentist Information

Name

Address/City

Phone Number

I hereby request that you release a copy of my dental records, which includes chart notes and radiographs to:

**If possible, email records to [info@nolanfreund.com](mailto:info@nolanfreund.com)**

Nolan & Freund Dental Professionals  
Mike Nolan, DDS & Chad Freund, DDS  
3633 W Lake Ave Suite 414  
Glenview, IL 60026  
847-724-6222 847-724-6263 fax

Your immediate attention to this matter is appreciated.

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