



**Berthoud  
Family  
Dentistry**

**CARMEN L. BECKWITH, DDS**

*Healthy Smiles for Lifetimes*

**AUTHORIZATION FOR RELEASE AND TRANSFER OF DENTAL RECORDS**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_  
Fax # (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the office of  
Carmen L. Beckwith, DDS, PC dba Berthoud Family Dentistry to request and receive my  
dental record and/or that of my child and all of its entities, listed below, from the above  
named dental office.

Information requested:

- \_\_\_\_\_ Copy of Complete Dental Chart
- \_\_\_\_\_ Copy of current x-rays including FMX/Pano and Bitewings
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Patient Date of Birth