Haider Family Dentistry
Jeremy Haider, DMD, PC
2600 12th St SE
Salem, OR 97302
503-363-6525/ Fax 503-363-1720
admin@haiderfamilydentistry.com

# DENTAL RECORDS RELEASE FORM

Patient name to transfer: (please print)_____

Date of Birth: _____

Other Family Names to transfer: _____

Authorizes (Print Previous Provider Name Below)

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To send all dental records, including xrays, chart notes, treatment plans and perio charting and notes to:

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2600 12th St. SE
Salem, OR 97302

****If records are digital, please email to: Admin@HaiderFamilyDentistry.com**

I hereby authorize release of any and all of my dental records to Dr. Jeremy Haider.

Patient Signature (parent if minor)_____ Date_____

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