

Patient X-Ray and Dental Record Transfer Policy:

X-Rays:

All patients may request their own or their child's x-rays (parent or guardian) in person with a valid driver's license with photo or a valid government ID with photo (a copy will be made and retained at our office) by completing a RECORDS RELEASE AUTHORITY FORM. Your X-Rays will be sent certified mail with signature confirmation to the address you designate in writing. **Note: X-Rays printed most likely will not be of diagnostic quality and we are not responsible if the dentist interpreting the X-Rays require you to take new ones to be diagnostic. We will not pay for your new X-Rays. X-Rays received by mail, fax or email to our office are not diagnostic quality and must be taken at our office at the patient's cost.** (Please allow two weeks to process.) (The fee for this service is \$35.00 payable to Exceptional Smiles Family Dentistry.)

A dental office other than the local dental specialists we have a relationship and refer may request on your behalf your dental x-rays. A RECORDS RELEASE AUTHORITY FORM must be completed by the patient requesting the release in person at our office or in writing with a copy of a valid driver's license with a photo of the patient. Those x-rays will be send to your new dentist by mail after the doctor and place of business has been verified. This record will be sent certified mail with signature confirmation. (Please allow two weeks to process.)(The fee for this service is \$35.00 payable to Exceptional Smiles Family Dentistry by check.)

In-Person Pick-up of X-Rays or Dental Records:

Please allow two weeks to process and the patient must follow the protocol listed above.

Emailing and Faxing of X-Rays or Dental Records:

It is our policy **not** to email x-rays and fax records to unknown parties such as a another dentist, physician, or hospital for your security and privacy even though all our professional emails are encrypted that are sent from Exceptional Smiles Family Dentistry.

Dental Record:

A patient's dental record can be requested by the patient with the completion of a RECORDS RELEASE AUTHORITY FORM and a formal request in writing describing what specific records you are requesting from our office, a copy of a valid driver's license with a photo even if in person must accompany the request and the address you would like it sent. This record will be sent certified mail with signature confirmation. (Please allow two weeks to process.)(The fee for this service is \$35.00 payable to Exceptional Smiles Family Dentistry by check.)

By signing below, I have read, understand and all my questions have been answered:

Print Name

Signature

Date