



# modern day dental

Kevin Bybee, DDS • Jeremy Hopkins, DDS

Date: \_\_\_\_\_

Records transfer for \_\_\_\_\_

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

\_\_\_ FMX

\_\_\_ BW

\_\_\_ PA

\_\_\_ Pano

\_\_\_ Perio Charting

Last Oral Exam \_\_\_\_\_

Last Prophylaxis \_\_\_\_\_

Dentist Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Release of Records:

Patient or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_