

### Authorization to Transfer Records

I hereby request my dental records, including but not limited to diagnostic reports, x-rays and correspondence related to my dental care, be provided to McAdams Dental Inc.

If the records and x-rays are in digital form, please email them to:

[smile@mcadamsdental.com](mailto:smile@mcadamsdental.com)

If they are not digital and cannot be emailed, please mail them to the following address:

McAdams Dental, Inc.  
11111 N. Scottsdale Road, Suite 220  
Scottsdale, AZ 85254

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

This authorization shall remain in effect until written documentation is provided to the office.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship if other than self