



To Whom It May Concern:

Please use this form as written and signed authorization to have my records transferred to my new dentist, Dr. Claire-Marie Bender, DMD or Dr. Winston White, DMD. I would like my periodontal chart, and current x-rays sent to Windermere Family Dentistry.

Please email to:

staff@windermerefamilydentistry.com

or please fax to:

303.797.0450

Thank you,

Patient Signature: _____

Date: _____

Print Name: _____

DOB: _____

Please also transfer the following family member(s) x-rays:

Family Member Name: _____ DOB: _____

Previous Dentist Name: _____

Previous Dentist email: _____

Previous Dentist Phone: _____