

# Request for Orthodontic Records

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Orthodontic Specialist

traditional and ceramic / clear braces  
implant assisted orthodontics  
hidden / lingual braces  
surgical orthodontics  
invisalign



**reisingorthodontics**  
Children and Adults  
www.reisingorthodontics.com

The purpose of this form is to document a records release request for dental/orthodontic records from another orthodontic practice to Reising Orthodontics or document a records release request from Reising Orthodontics to another dental/orthodontic office.

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

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Dentist to be contacted for previous records or person to release records to: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of any and all orthodontic records to the entity listed above on  
Person Completing Form

behalf of \_\_\_\_\_.  
Patient's Name

If transferring out of Reising Orthodontics, I understand there will be a transfer fee (to be determined at the time of release that may take 2-3 business days to process this request.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relation to patient

If Reising Orthodontics is requesting records, please forward to:

[info@reisingorthodontics.com](mailto:info@reisingorthodontics.com)

Or mail to:

Reising Orthodontics, PC

5507 Chamblee Dunwoody Road Dunwoody, GA 30338