

ROGERS FAMILY DENTISTRY

8284 Beechmont Avenue

Cincinnati, Ohio 45255

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Douglas Rogers, D.D.S.

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Request for Transfer of Dental X-rays

I, _____ am giving authorization for a representative of Rogers Family Dentistry to forward copies of my dental x-rays to:

Dentist Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

I am requesting my records be released for the following reason:

Patient Signature

Date

Please Note:

- We will duplicate any bitewing x-rays less than 1 year old and any panorex x-ray less than 3 years old for no charge. If you would like x-rays dated later than this, there will be a \$50 charge payable prior to duplicating the x-rays.
- Due to HIPPA privacy regulations, each person over the age of 18 must provide his/her own original signature to request dental x-rays. You may not request x-rays on behalf of a spouse or a dependent who is 18 years of age or older. They must complete their own request.
- Please allow 14 business days for dental x-rays to be prepared.
- Dental x-rays will only be released once the account balance has been financially arranged with the patient. This includes payment from insurance companies.