



**Douglas Dental Care**  
Joel R. Tidwell, DDS  
Dimitri Arfanakis, DMD  
Dental Records Release and Transfer

Complete this form and fax it to (770) 942-2837. Our office truly appreciates your patronage. As a show of gratitude for your trust in us, there is no fee for the first patient record transfer. Thereafter, a payment of \$25 is required to cover the cost of each additional copy of patient records. In accordance with Georgia law, all original records remain the property of Douglas Dental Care. However, patients are entitled to copies of all records (GA Code 31-33-2 ).

I, \_\_\_\_\_, hereby authorize the doctors and/or staff of Douglas Dental Care to release records or knowledge concerning my dental health to:

\_\_\_\_\_  
Name of Dentist or Practice

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Patient/guardian Signature

\_\_\_\_\_  
Patient/guardian Printed Name

\_\_\_\_\_  
Date

**Records Transfer Instructions**

(Please read carefully in order to avoid delays)

We care about our patients, both past and present, and protecting our patients against harm is an important duty. Identity theft and other criminal activities are increasing. In an attempt to protect our patients, we are requiring government identification to release patient records. Acceptable government-issued identifications are a current state-issued driver's license, a Georgia ID card, or a US Passport. Please fax a copy of your government-issued identification along with your records transfer request.

We have included a **credit card authorization form** in this Adobe PDF. Please complete the authorization form and fax it with your records transfer request.

Allow 7-10 business days for processing. Be advised that US mail may take an additional 3-7 business days to reach your new dentist's office.