

7 Oglethorpe Professional Blvd. Ste 2
Savannah, GA 31406
Phone: (912) 355-5004
Fax: (912) 525-1973
<http://www.stevenberwitzdmd.com>
email: info@stevenberwitzdmd.com



STEVEN G. BERWITZ
DMD

Records Release Request

Transfer TO Steven Berwitz DMD

Must be completed at least 2 weeks prior to New Patient Appointment

Date: _____

Current Dentist: _____

Current Dentist Email: _____

Current Dentist Fax: _____

- ✓ I authorize the release of information related to my health history, status, and treatment, and copies of my health record, x-rays, and any test results (Protected Health Information) and request they be sent to Steven G. Berwitz, DMD. I understand that it is the patient's responsibility to follow-up on this request and ensure that the xrays have been received no less than 2 weeks prior to my new patient appointment.

Print Name: _____

Sign Name: _____

**Please e-mail xrays to info@stevenberwitzdmd.com in DEXIS or JPEG format. **

For your request to be processed, you must include ALL information above. We are unable to process incomplete requests.

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STEVEN G. BERWITZ
DMD

Records Release Request

Transfer FROM Steven Berwitz DMD to a new Dental Provider

Date: _____

New Dentist: _____

New Dentist Email: _____

New Dentist Fax: _____

- ✓ I authorize the release of information related to my health history, status, and treatment, and copies of my health record, x-rays, and any test results (Protected Health Information) and request they be sent to the above stated dentist.

Print Name: _____

Sign Name: _____

****For your request to be processed, you must include ALL information above. We are unable to process incomplete requests.****