



JOSHUA R. OPPERMAN, DMD
FAMILY DENTISTRY

1822 NE 33rd AVENUE

PORTLAND, OR 97212

Office # (503) 249-0770

Fax # (503) 280-1118

Email: info@jrofamilydentistry.com

Authorization for Transfer of Dental Records

I, _____, hereby request and authorize Dr. Joshua Opperman to obtain my dental records from my previous dentist.

Name of Dentist/Practice: _____

Dentist's Address: _____

Dentist's Telephone #: _____ Fax# _____

Patient Information:

Patient's Name: _____

Date of Birth: _____

****Patient's signature :** _____ **Date:** _____

Patient's Appointment Date in our Office: _____

Please send copies of all x-rays and perio-charting history to the address above.

*****If your previous x-rays were taken digitally we would prefer that they email your records to us at info@jrofamilydentistry.com**

If you have any questions please contact our office at:

Office phone number: (503) 249-0770. Office Fax number: (503) 280-1118.