

Wolfville Dentistry

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• Canada B4P 1A3
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Request for Transfer of Patient Records (incl. chart notes/radiographs)

Patient requesting transfer: _____

Date of Birth (dd/mm/yy) _____

Current Address: _____

I hereby authorize _____ (*name of previous dental office*)
to release a copy of my charts to Wolfville Dentistry. In so doing, I release all legal
responsibility for the care and keeping of my records in accordance with PIPEDA. I
understand that my original chart will be kept on file with your office for future reference as
per your office policy.

****Transferring office:** Please include **CHART NOTES** (including any relevant specialist
reports), and any available **RADIOGRAPHS**

Names of any other family member's charts to be released:

Thank you for your care in the past and ask that you cancel any future appointments that I
may have at your office.

Signature: _____ Date: _____