

## Records Request Form

Request Dental Records from: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Email Address: \_\_\_\_\_

I hereby authorize the release of my dental records and request that they be transferred to  
the offices of



**MASSEY DENTISTRY**  
COSMETIC • IMPLANTS • FAMILY

Dr. J. Taylor Massey, DMD, & Dr. Ashley Massey, DMD,

3820 Tampa Road, Suite #201

Palm Harbor, FL 34684

Phone: (727)-786-8302 Fax: (727)-781-4175

Email: drmassey@smilepalmharbor.com

---

Print Name of Patient

Date of Birth

---

Signature

Date

### CONFIDENTIAL NOTICE

This facsimile transmission and or any attachments may contain confidential and/or privileged information belonging to the send which is protected by Florida Statutes. This transmission is intended solely for the addressee. If you are **NOT** the intended recipient of this transmission, or if this message has been addressed to you in error, please **immediately alert the sender by calling or returning the fax and then immediately destroying this fax and any attachments.** If you are not the intended recipient, you are hereby notified that any use, **dissemination, copying, storage, or taking of any action in reliance on the contents of this information or its attachments is strictly prohibited.** Please call or fax us immediately if transmitted material is illegible or if you do not receive all pages of this transmission.

Our phone number (727)-786-8302 and fax number is (727)-787-4175