

SALMONS FAMILY DENTISTRY
4329 BALL CAMP PIKE, KNOXVILLE, TN 37921
PHONE: 865-521-7707 FAX: 865-521-0904

CONSENT FOR TRANSFER OF RECORDS

PATIENT GIVING CONSENT:

Patient Name: _____

Patient Address _____

Telephone _____ Social Security _____

I _____ give permission to

Dr. _____

To transfer my dental records to SALMONS FAMILY DENTISTRY at the above address .

Patient signature

Date