



Authorization to Transfer Records

I give permission for the below-listed dental office:

Imperial Family Dental Center

Dr. Danial Hanlon

510 W 12th street Imperial NE 69033

Office phone number:308-882-5123

Office fax number:308-882-5141

dentalteam@imperialfamilydentalcenter.com

To release the following:

Patient(s) name:_____

Patient(s) date of birth:_____

Records to be released:

☐ Patient chart

☐ Dental radiographs

☐ Periodontal charting

To:

Dental office name:_____

Providers name:_____

City, State, Zip Code:_____

Phone number:_____ Fax number:_____

Email:_____

Signature:_____ Date:_____

