
Kenneth A. Ingber, D.M.D., P.C.

2021 K Street, NW
Suite #720
Washington, DC 20006
Phone: (202) 331-7474

Kenneth A. Ingber, D.M.D

Charles Porvaznik, D.M.D

Amrita Singh, D.D.S.

Date: _____

Request for Dental Records Transfer

TO: Name: _____
Address: _____
City, State Zip: _____
Phone: _____
Fax: _____

Patient: _____
DOB: _____
Last Four SS#: _____

To Whom it May Concern,

The above patient has requested a transfer of all dental records and radiographs taken by your office in the past five years.

Please either mail to: Kenneth A. Ingber, D.M.D., P.C.
2021 K Street, N.W.
Suite 720
Washington, D.C. 20006

Or e-mail to: admin@ingberdental.com

By requesting a transfer of records via e-mail, I am acknowledging and accepting the potential risks associated with unencrypted electronic data transfer and will not hold the parties indicated above liable for any unintentional security breach or compromise of patient information protected by HIPAA as a result of this records transfer.

If you have any questions, the office may be reached at (202) 331-7474.

Thank you for your help,
Terriea Trowell, Office Manager

I _____, authorize release of these Dental Records on _____
(Print Name) (date)

Signed: _____ Date: _____