Chatham Prosthodontics
Committed to Excellence in the Art of Cosmetic, Implant, and Reconstructive Dentistry

**Mauricio Lavie DMD, MSD**
Prosthodontist
(NJ Specialty #5844)

# TRANSFER OF DENTAL RECORDS REQUEST FORM

I,_____ Date_____

Authorize the release of copies of ALL DENTAL RADIOGRAPHS AND RECORDS TO:

Dr. Mauricio Lavie

33 Main Street

Chatham, NJ 07928

These records may be mailed or emailed. If digital radiographs are available, email is preferred.

Please email to **frontdesk@drlavie.com**

Dentist_____

Address_____

Signature of Patient Guardian_____

Date_____

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