

**Arizona Sunset Dental**  
2205 W. Magee Rd  
SUITE#124  
Tucson, AZ 85742

**Patient Records Release**  
Patient relocating/transferring

Please complete the release form information at the bottom of this page and return by fax, e-mail, or by mail. Include all family members' names/date of births of which you want included in the transfer.

Our X-rays are taken digitally and may only be e-mailed to the proper destination. In order not to delay or interrupt dental treatment plans, please allow 48 hours for your records to be e-mailed.

Please make arrangements to pay any outstanding balances from your account.

Fax: (520)797-8005

E-mail: office@arizonasunsetdental.net

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the duplication and release of the below listed family member(s) dental radiographs from Arizona Sunset Dental. I understand that in doing so I am terminating Doctor/patient relationship.

**Please e-mail records to:** \_\_\_\_\_

**Reason for transfer:** \_\_\_\_\_

**Patient full name & date of birth:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorized signature of each patient 18 years or older**

\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_