



Dental Records Release Form

Patient Name to Transfer: _____

Date of Birth: _____

Phone Number: _____ email address: _____

Other Family Members to Transfer: _____

Previous Dentist or Practice Name:

Alpha Dental, PC
c/o Dr. John Laftsidis, DDS
10886 N. Route 47
Huntley, IL 60142
847-669-6533

Please forward my complete patient record(s) to:

River Pointe Dental of Huntley, LLC
c/o Rachelle D. Hardy, DDS and / or Dr. Jelena Živković, DMD
10711 Ruth Road, Suite A
Huntley, IL 60142
847-515-8600

I hereby grant permission to release my complete dental records to River Pointe Dental of Huntley, LLC
c/o Dr. Rachelle Hardy and / or Dr. Jelena Živković

Patient Signature (parent if a minor): _____

Date: _____

If records are digital, please e-mail to: rpdhuntley@riverpointedental.com

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Huntley, IL 60142
847-515-8600