

# PATIENT RECORDS ACCESS REQUEST FORM

Arlen R. Cowles, DDS  
3208 Long Prairie Road, Suite a  
Flower Mound, TX 75022  
972-539-7759

I hereby request:

Transfer of most recent dental x-rays to be used by another Dental Practice.  
**\*\* NO CHARGES APPLY**

Full dental record held by this office **\*\*CHARGE APPLIES**

Dental record for the period \_\_\_\_\_ through \_\_\_\_\_  
**\*\* CHARGE APPLIES**

A specific portion/section of the record as follows:  
**\*\* CHARGE APPLIES**

\_\_\_\_\_

A visual review of patient record. To have immediate access within the office, business operations permitting, with staff member present.

**\*\*I understand that the charges apply as follows: \$0.25 per page for each page copied and \$15.00 for copies of x-rays (up to 5 most recent) will apply. If additional x-rays are requested, an additional fee of \$5.00 per panoramic x-ray and \$2.00 per PA x-ray will be assessed. Return Receipt Requested costs will apply if full records are mailed. I agree to pay these charges in full at the time I request the copy of the record.**

I will pick up requested records at the office of Dr. Arlen Cowles on: \_\_\_\_\_.

Send requested records to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name:	
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Name:	Relationship:
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Signature:	Date:
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