

**LYLE FAMILY DENTISTRY
1010 HIGH HOUSE ROAD
SUITE 200
CARY, NC 27513
OFFICE PHONE (919) 461-9601 FAX (919) 461-9850
frontdesk@lyledmd.com**

RECORDS RELEASE and TRANSFER REQUEST

I request the release and transfer of all x-rays and dental records, including prophylaxis/periodontal history and periodontal charting to Dr. Ashton Lyle for the below patient/patients:

Patient Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Previous dentist name: _____

Phone #: _____

Email: _____

Signed: _____ Date: _____

Print Name: _____