

Patient Request for Information



To our patients and their personal representatives:

If you want to inspect or copy dental or billing records, please fill out this form and give it to any staff member or mail it to: Tebo Dental Group, Attention: Records, P.O. Box 1953, Lilburn, Georgia 30048-1953.

Except as noted below, there is a charge for copying paper records, for duplicating x-rays, for postage (if applicable) and for preparing any written summary or written explanation that you may request. We will notify you of the charge for preparing a summary or explanation and you will have an opportunity to cancel the request for the summary or explanation if you do not agree with the charge. Please let us know if you want an estimate of the charges for copying paper records or duplicating x-rays. All charges must be paid before records are released, unless other arrangements have been made with the office. There is no charge for records for Medicaid patients or PeachCare patients.

Patient name: _____ Date of birth: _____

Please tell us the information you want (*please check all that apply*):

- Dental records (excluding x-rays, unless "X-ray duplicates" also checked below)
- X-ray duplicates
- Billing records
- School Form 3300
- Summary (what you want summarized?): _____
- Explanation (what do you want explained?): _____
- Special instructions: _____

Please tell us what to do with the patient's information (*please check only one*):

- Hold and call me to arrange an inspection of the records
- Hold for pick up by me
- Hold for pick up by: _____
- Fax to me at (fax no.): _____
- Mail to me at (address): _____
- Email to me at (address): _____
- Send to this person or office: _____
- By fax to (fax no.): _____
- By mail to (address): _____
- By email to (address): _____

X _____ Date signed: _____

Signature of patient or personal representative

Signed by: Patient or: Personal Representative. If signed by the patient's personal representative, basis of representative's authority: _____

Representative's name: _____ Phone: _____

Representative's address: _____

For office use only: _____ Date requested: _____

Action taken: _____

Completed by: _____ Position: _____

Staff member's initials: _____ Date completed: _____

TDG Office: _____