PRINT SAVE AS EMAIL RESET

Fred Hutch
Cancer Center

Please sign this form and take it to your dentist, who will complete and return it to Fred Hutchinson Cancer Center Oral Medicine as directed below.

I give permission to release my dental records to Fred Hutchinson Cancer Center Oral Medicine:

_____

Signature **Date**

Dental providers:

Please help us facilitate care by filling in the information below and sending this form, along with all X-rays, restorative notes, and perio charts from the last 12 months, to: oralmed@fredhutch.org

- If you have any questions, please contact Fred Hutch Oral Medicine at (206) 606-1333
- If the records are not digital, please fax copies to (206) 606-1332

Name of patient: _____ Date of birth: _____

Most recent dental visit date: _____

Purpose: _____

Name of dental provider: _____

Phone: _____ Fax: _____

Email: _____

Are X-rays available from the last 12 months? Yes No

Panoramic (Date taken: _____) FMX (Date taken: _____) PAs (Date taken: _____)

Most recent dental cleaning date: _____

Type: Prophy SRP Perio Maintenance Perio Chart Other: _____

Most recent treatment

- Restorative Date: _____ Teeth: _____
- Oral Surgery Date: _____ Teeth: _____
- Endodontics Date: _____ Teeth: _____
- Other: _____
  Date: _____ Teeth: _____

TEAM

NAME PLACE EPIC LABEL HERE [M]

PT NO [F]

DOB

Fred Hutchinson Cancer Center is an independent organization that serves as UW Medicine's cancer program.

UW Medicine

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DENTAL RECORDS REQUEST