



Maria Aslani-Breit, D.D.S., P.L.L.C.  
Pediatric Dentistry

*Diplomate, American Board  
of Pediatric Dentistry  
Fellow, American Academy  
of Pediatric Dentistry*

**REQUEST TO TRANSFER RECORDS**

I, \_\_\_\_\_, parent/guardian of patient  
\_\_\_\_\_, am requesting a copy of the dental records for the above  
named patient from Dr. Maria Aslani-Breit and I am transferring his/her dental care to another  
dentist.

I am giving Dr. Maria Aslani-Breit permission to send these records to the following Dental  
Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

I am aware of his/her dental needs and the risks of not receiving care.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_