



# Tina P. Moses, DMD, PC

**Pediatric Dentistry**

1240 Augusta West Parkway  
Augusta, Georgia 30909-1854



## RECORDS TRANSFER REQUEST

DATE \_\_\_\_\_

I authorize the transfer of dental and medical records relevant to dental treatment, or copies of such, and request that they are transferred to:

Tina P. Moses, DMD, PC  
1240 Augusta West Parkway  
Augusta, GA 30909-1854  
706-863-6262 (o)  
706-863-6465 (f)

Email records to: [office@mosespediatricdentistry.net](mailto:office@mosespediatricdentistry.net)

\_\_\_\_\_  
PRINT NAME OF PATIENT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PRINT NAME OF PATIENT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PRINT NAME OF PATIENT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

**Office:** 706-863-6262

**Fax:** 706-863-6465

**Email:** [drtinamoses@comcast.net](mailto:drtinamoses@comcast.net)