

Bagoff Levenbrook Dental Arts

Robert M. Bagoff, DMD
Steven M. Levenbrook, DDS
405 Northfield Avenue
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West Orange, NJ 07052
(973)-325-9000
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Request for Transfer of Records

I, _____, hereby request and give my permission to _____ to provide **Dr. Robert M. Bagoff, DMD and/or Dr. Steven M. Levenbrook, DDS** any and all information regarding past dental care. Such records may include medical care and treatment, illness or injury, dental history, medical history, consultation, prescriptions, radiographs, models and copies of all dental records and medical records. Please have these records sent to:

Via Mail:

Bagoff Levenbrook Dental Arts
405 Northfield Avenue
Suite #202
West Orange, NJ 07052

Via E-mail: Info@bagoffdentalarts.com

Via Fax: (973)-325-3182

Signed: _____ Date: _____

(Patient)

Signed: _____ Date: _____

(Parent, Legal Guardian or Custodian of the Patient, if Patient is a Minor)