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Request for Dental Records from Facet Dental, PC

Name: _____ DOB: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The purpose of this letter is to request copies of my dental records as allowed by the HIPAA and Department of Health and Human Services regulations.

Name of Dental Practice: _____

Address: _____

Telephone Number: _____

I request copies of the following related to my treatment:

X-Ray* _____

All Available Records* _____

Please mail the requested records to me at the above address _____

Email/fax/mail to new dentist above _____

I look forward to receiving the above records within 30 days as specified under HIPAA, unless other arrangement with the office has been made. If my request cannot be honored within 30 days, please inform me of this by letter as well as the date I might expect to receive my records*.

Signature _____ Date: _____