



Michelle Lindsay, DDS
Board Certified Pediatric Dentist
1000 North Fielder Road
Arlington, TX 76012
(817) 261-3100 • Fax (817) 303-3715

Records Transfer Request Form

Date: _____

Previous Dental office information:

Dentist's Name: _____ Phone number: _____

Address: _____

I give the dentists and dental office _____ and staff,
permission to release any and all dental information including copies of dental charts,
lab results, radiographs, or other relevant material for my child,

Child's Name: _____ Date of Birth: _____

to Children's Dentistry of Arlington, Drs. Michelle Lindsay and Shannon Cestari and staff
Phone: 817-261-3100, Fax: 817-303-3715, Email: info@lindsaydds.com

Address: 1000 North Fielder Road, Arlington TX 76012.

Parent or Guardian's signature Date: _____

Printed Name

Parent contact information/ phone number: _____