

## Bagoff Levenbrook Dental Arts

Robert M. Bagoff, DMD  
Steven M. Levenbrook, DDS  
405 Northfield Avenue  
Suite #202  
West Orange, NJ 07052  
(973)-325-9000  
www.BagoffDentalArts.com



### 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)*