



Authorization form transferring patient file

You want to register with Mondzorg Tilburg West. We therefore ask you to give your current dentist written permission for the transfer of your medical file by means of this form. Please note: for partners or families, each person must enter his/her name and signature separately. The medical legislation states that children from the age of 12 must give their own consent for the transfer of their file. We therefore ask that your children from 12 years old sign themselves. For children of divorced parents, both parents must give permission for the transfer of the child's medical file.

The undersigned:

First name(s) and last name	
Date of birth	
Location	
Date of signing	
Signature	

First name(s) and last name	
Date of birth	
Location	
Date of signing	
Signature	

First name(s) and last name	
Date of birth	
Location	
Date of signing	
Signature	

First name(s) and last name	
Date of birth	
Location	
Date of signing	
Signature	



First name(s) and last name	
Date of birth	
Location	
Date of signing	
Signature	

Gives/give the following permission to transfer his/her patient file(s) to Mondzorg Tilburg West:

Name Dental Office	
Location	
Email address practice	
Signature	

With the transfer of the patient file, the above person(s) also give permission for deregistration from your practice.

I request that you send my complete file to Mondzorg Tilburg West as soon as possible via:
mondzorgtilburgwest@zorgmail.nl.

If this is not possible, please send it by registered mail to:

Mondzorg Tilburg West
Burg vd Mortelplein 118A
5037 PL Tilburg

For children of divorced parents, both parents must grant permission for the transfer of the child's medical file:

Name parent	
Location	
Date of signing	
Signature	

Name parent	
Location	
Date of signing	
Signature	