



south cove
community health center

DENTAL RECORDS TRANSFER FORM

South Street Center

145 South Street
Boston, MA 02111-2826

Administration
617.521.6700
(fax) 617.521.6799

Development
617.521.6707
(fax) 617.521.6799

Dental
617.521.6760
(fax) 617.457.6696

Family and Behavioral Health
617.521.6730
(fax) 617.457.6696

Washington Street Center

885 Washington Street
Boston, MA 02111-1415

617.482.7555
(fax) 617.482.2930
(fax) 617.521.6898

North Quincy Center

435 Hancock Street
Quincy, MA 02171

617.745.0280
(fax) 617.745.0288

**Brighton/Allston Afterschool
Enrichment Program (BASE)**

5 St. Luke's Road
Allston, MA 02134-3103

617.787.1087
(fax) 617.254.4834

I, _____ MR# _____ hereby request to have
my entire dental record to be transferred from _____
to _____. I understand this is a permanent transfer of
records to the facility of my future dental care.

Signature: _____ Date: _____

我, _____ 華人號碼 _____ 特此要求將本
人牙科檔案由 _____ 轉移到 _____ .

我也明白將來我祇會在所轉移的診所那裏, 接受牙科治療.

簽名: _____ 日期 _____