

# Ace Periodontics

**Dr. Roya Zojaji, D.D.S., M.S.**

**Diplomat American Board of Periodontology**

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1968 N Peart Rd #8 Casa Grande AZ 85122

Phone: (520)-421-9939 - Fax: (520)-421-9929

## Dental Records Release Form

Patient Name to transfer: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist or Practice Name:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City/St/Zip :

\_\_\_\_\_  
Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please forward any of the following information that you have: x-rays, probing depth chart, charting, and photographs to Ace Periodontics.

I hereby give you permission to release any and all of my dental records to Dr. Roya Zojaji.

\_\_\_\_\_  
Patient Signature (parent if a minor)

\_\_\_\_\_  
Date

If records are digital, please email to:

***rzperio@yahoo.com***

Or mail to:

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10752 N 89<sup>th</sup> Place Suite B214  
Scottsdale, AZ 85260

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