

## DR. LAURA WHITMAN – PATIENT DENTAL RECORDS

This message is for former dental patients of Dr. Laura Whitman in Tatamagouche, Nova Scotia wishing to access their dental records.

Dr. Whitman is not currently a practising dentist in Nova Scotia. The Registrar of the Nova Scotia Regulator of Dentistry and Dental Assisting has appointed Dr. Lee Erickson as custodian of the dental records at the Tatamagouche clinic<sup>1</sup>.

Former patients of this clinic may wish to:

- retrieve their dental records, and those of their dependents, or
- have their records, and those of their dependents, transferred to another dental clinic.

### OPTION 1

You can email Dr. Erickson at [tatadentalrecords@icloud.com](mailto:tatadentalrecords@icloud.com) and arrange to:

- set a time for you to pick up the dental records at the clinic,
- have the dental records mailed to you, or
- have the dental records sent to another clinic of your choosing.

If you choose option 1 you do not need to complete the form on the following page. However, **each person who is 18 years of age and older must make their own email request.** Alternatively, you may wish to avail of Option 2 or 3.

### OPTION 2

You can complete the Record Release Consent Form on the following page indicating your name, the name of your family members (if applicable), and the signatures of family members who are 18 years of age and older.

Dr. Erickson will send your records or contact you to coordinate pickup of your records.

### OPTION 3

Those without email access can call our office at 902-420-0083. We will mail you a Record Release Consent Form which you can mail back to us. We will then contact Dr. Erickson for the next steps.

We thank you for your patience with this process.

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<sup>1</sup> This is authorized by Section 53 of the [Regulated Health Professions General Regulations](#) pursuant to the [Regulated Health Professions Act \(RHPA\)](#).

## RECORD RELEASE CONSENT FORM

I, \_\_\_\_\_  
(Name)

- am a former dental patient of Dr. Laura Whitman
- have dependants who are former patients of Dr. Laura Whitman

I request that:

- the dental records for the individuals indicated below be sent to another dental clinic.

Name of new dentist: \_\_\_\_\_

Location of new clinic: \_\_\_\_\_

- the dental records for the individuals indicated below be mailed to me at the following address:

\_\_\_\_\_  
\_\_\_\_\_

- I be contacted by to arrange to pick up my dental records. I can be reached at this phone number:

\_\_\_\_\_

Patient Name	Signature (if 18 years of age or older)