



# Designation of Records Form

**This form is to be used by the licensed Texas dentist to designate a custodian of records upon initial licensure and at each renewal period. Dental records are the sole property of the dentist who performs the dental service, unless otherwise designated per Board rules. Please provide the following information to appropriately designate ownership of records and appointment of a custodian, if necessary.**

Please check (✓) one:  
 Dental Applicant                       Licensed Texas Dentist

If applicable; Texas License Number:      Date of Birth:                      Social Security Number:

First Name                      Middle Name                      Last Name

Mailing Address                      City                      State                      Zip Code

In the event that I leave a location or practice, whether by retirement, sale, transfer, termination of employment or become mentally or physically incapacitated, or abandon such records, I have the following arrangement in place; Please check (✓) one below; You may attach another sheet, if it is needed.

1. Transfer of Records Agreement: 22 TAC §108.8(e)(2); This agreement may be made at any time in an employment or other working relationship between a dentist and another entity eligible to accept dental records. Such transfer of records may apply to all or any part of the dental records generated in the course of the relationship. Please provide the full name(s) of the dentist(s) involved in the agreement, include the locations involved in the agreement, and specifically identify what records are involved.

Yes or  No

Dental License Number of Transferee	Full Name	Location(s)	Record(s) Type

2. Records Management Agreement: 22 TAC §108.8(e)(3); A maintenance agreement shall not transfer ownership of the dental records, but shall require that the dental records be maintained in accordance with the laws and rules of the TSBDE. Provide full names of the dentists, locations, and what records are involved in the agreement.

Yes or  No

Dental License Number of Manager	Full Name	Location(s)	Record(s) Type

3. Custodian of Records: 22 TAC § The designated custodian of records shall act as temporary or permanent custodian for the dentists in the event of the dentist's death, incapacity or abandonment of the records.

a. My designated custodian of records is a Texas licensed dentist;  
i. Provide the following;

Dental License Number	Full Name	Location(s)	

b. My designated custodian of records is **NOT** a Texas licensed dentist;  
i. Provide the following;

Full Name	Location(s)	Phone/Email	

Yes or  No

Signature

Date