

Case transfer

Use this form to transfer an active ClearCorrect case to another doctor. The new doctor must be registered as a ClearCorrect provider before the transfer takes place. Email this signed form to your account rep or contact a provider services representative at support@clearcorrect.com for assistance.

Patient Information

Case number _____

Patient's name _____

Current Doctor

Current doctor's name _____

New Doctor

New doctor's name _____

New practice name _____

New practice address _____

City _____ State _____ Zip _____

I attest that I am currently registered as a ClearCorrect provider. I wish to assume responsibility for all future treatment in the case specified above. I certify that the patient identified above has given all consent necessary under applicable regulations to transfer these records to me including, without limitation, data privacy regulations such as HIPAA or GDPR. I understand that, after the transfer, any future phases will ship to the practice I specify. I understand that I will be responsible for paying any outstanding costs for this case, regardless of when the costs were incurred, and that I may be billed for additional steps or phases if the treatment extends beyond the number of phases that have already been purchased. I agree to ClearCorrect's current pricing, terms, and conditions.

New doctor's signature _____ Date _____