

WOODBURY DENTAL *Care*

Release of Dental Records

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Records to be released to: _____

Email address: _____

Signature of Patient or Guardian: _____

215 Radio Drive, Suite 201

651-739-7910

Woodbury, MN 55125

info@woodburydentalcare.com