

CONSENT TO RELEASE DENTAL RECORDS

Patients name and date of birth: (Please print)

Please release records to:

Tyler Family Dental

197 North Tyler St

Tyler, MN 56178

Phone: 507-247-5591 Fax: 507-247-5591

****Email: frontdesk@tylermnfamilydental.com ****

Please send:

Copy of Bitewing x-rays

Copy of Panoramic/FMX x-rays

Dental Treatment Records

I hereby consent and authorize release of my dental records to the office named above:

Signature

Date