David E. Andersen, D.D.S. P.A.
Lora L. Nelson, D.D.S.

19033 U.S. 71
Park Rapids, MN 56470

info@davidandersendds.com

(P): 218-732-3291
(F): 218-237-2532

Records Release Authorization

I hereby authorize and request the release of my dental records to Drs. David E. Andersen and Lora L. Nelson at the address shown above. According to MN State Statute 144.335, this record is to include patient health records, x-rays, lab reports and complete dental history from:

____ Initial visit to present

____ The following visit dates: _____ to _____

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

Additionally, release the records of the following family members:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Submitted to:

Doctor/Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____