PARK RAPIDS
FAMILY DENTAL

19033 US 71
Park Rapids, MN 56470

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Records Release Authorization

I hereby authorize and request the release of my dental records to Dr. Lora Nelson and Dr. David Andersen 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 _____ .

Additionally, release our family dental records, to include the following persons:

_____ _____

_____ _____

_____ _____

Patient
Name: _____ DOB: _____

Patient
Signature: _____ Date: _____

Submitted to: Doctor/ Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____