WASECA FAMILY DENTISTRY

118 N State Street
Waseca, MN 56093
P: 507-835-4280 F: 507-835-9809
wasecafamilydentistry@gmail.com

Release of Dental Records and Radiographs

I, _____, authorize Waseca Family

Dentistry to release/send copies of my records and x-rays to the dental office listed below.

Name of Patient _____Date of Birth_____

Signature_____Date_____

Please send my records to:

_____
_____
_____
_____