

AUTHORIZATION FOR THE RELEASE/TRANSFER OF DENTAL RECORDS

CHILDREN'S DENTAL CARE
7629 Egan Drive
Savage, MN 55378
Phone: 952-440-5100
Fax: 952-440-5140

CHILDREN'S DENTAL CARE
17510 Dodd Blvd.
Lakeville, MN 55044
Phone: 952-997-7100
Fax: 952-997-2017

RE: Authorization to Dr. George Hankerson, Dr. Brent Kvitem and Dr. Amy Kebriaei to release the necessary dental information for: (Your Name) _____

(Child/Children's) _____

Please release my dental records to:

Name or dentist or clinic: _____

Street Address: _____

City-state-zip code: _____

Please give reason for transferring out of our office so we can better serve our patients:

Any reproduction of records after the initial duplication will be subject to a \$25.00 charge per patient.

Signed: _____ Date: _____