Dental kidds
Pediatric Dentistry

Authorization for Release of Dental Records and X-ray

Patient Name(s):_____, _____

_____

Patient(s) Date of Birth: _____, _____, _____

I, _____, request that you release copies of:

( ) most recent dates of cleaning, exam, x-rays and brief dental history
(X) films enclosed if bitewings are within one year, panoramic within five years
( ) all records

Send records to:

Full Dr. Name _____

Street Address _____

City, Zip Code _____

Practice Telephone Number _____

Practice E-mail Address _____

Signature: _____
Parent or guardian signature

Reason For Leaving Our Office _____

_____

Please note: These copies may be electronic or print submissions

Riverdale Kidds Pediatric Dentistry 3585 124th Ave NW Suite 400 Coon Rapids, MN 55433 Tel: 763-767-1524 Fax: 763-767-1528
St. Croix Kidds Pediatric Dentistry 400 2nd St South, Suite 250 Hudson, WI 54016 Tel: 715-808-0460 Fax: 715-808-0142
Blaine Kidds Pediatric Dentistry 1351 113th Ave NE, Suite 400B Blaine, MN 55434 Tel: 763-415-1222 Fax: 763-312-2222

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Pediatric Dentist	Pediatric Dentist	Pediatric Dentist	Pediatric Dentist	Pediatric Dentist	Pediatric Dentist	General Dentist
Riverdale	***Riverdale***	***Riverdale***	***Riverdale***	***St. Croix***	***Blaine***	***Riverdale***
Blaine			***Blaine***	***Blaine***	***Riverdale***	
St. Croix			***St. Croix***			