APELGREN DENTAL

3938 CEDAR GROVE PKWY
EAGAN, MN 55122
651-452-9660
651-406-8544 (fax)
www.apelgrendental.com
info@apelgrendental.com

PERMISSION TO RELEASE RECORDS

Dental Office Name: _____

Address: _____

Email: _____

Phone: _____

☐ Have all current xrays emailed to Apelgren Dental at info@apelgrendental.com

(Please check a box)

☐ Have Apelgren Dental email all current xrays to another office

Patient Name (Printed): _____ DOB: _____

Patient/Guardian Signature: _____

Today's Date: _____