PEDIATRIC & ADOLESCENT DENTISTRY

Dorthe Hartmann, DDS
Saul Ovalle, DDS, MS
Kristin Bothun, DDS

Mankato Office
212 Star Street • Mankato, MN 56001 • (507)387-4078

New Ulm Office
26 N. Broadway • New Ulm, MN 56073 • (507)354-8943

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

Patient's Name:_____ DOB:_____

Date of last examination: _____

Date of last prophylaxis and fluoride treatment: _____

Date of last BW: _____

Date of last O-pan: _____

Sealants: _____

Other information: _____

_____

_____

Records will be released from : _____

To Office or Dentist name: _____

Address: _____

_____

E-mail address: _____

Appointment Date: _____

_____ _____
Signature Date

_____ _____
Relationship Daytime telephone number