



NORTH APPLETON DENTISTRY LLC

3521 Commerce Court – Appleton, WI 54911 – (920)734-7730

I, _____, authorize the office of North Appleton
(Print Name)

Dentistry to release patient records and/or radiographs to

(New dental provider office/name)

Reason for release: _____

Send records to: _____
(Address)

OR

Email: _____

Please release records for the following family members:

1. _____ DOB _____

2. _____ DOB _____

3. _____ DOB _____

4. _____ DOB _____

Patient/Guardian Signature

Date