

# Record Release To the Office of Blue Earth & Mapleton Family Dental

***Dr. Samantha Seys, DMD***

**records@blueearthfamilydental.com**

**Or**

**frontdesk@blueearthfamilydental.com**

519 S Galbraith	102 NE Main St.
Blue Earth, MN 56013	Mapleton, MN 56065
P: 507-526-3111	P: 507-524-3830
F: 507-526-3140	

Date:

I \_\_\_\_\_ authorize the release of any dental records and x-rays that are relevant to my dental treatment, transferred to the office of ***Blue Earth & Mapleton Family Dental***.

From the office of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of patient or guardian: \_\_\_\_\_

Patient's date of birth: \_\_\_\_\_