Blue Earth Family Dental

519 S. Galbraith St.

Blue Earth, MN 56013

officemanager@blueearthfamilydental.com

Phone: 507-526-3111

Fax: 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 Family Dental.***

Signature of patient or guardian: _____.

Patient's date of birth: _____.