



21410 - 136th Avenue North Suite #109
Rogers, MN 55374
Phone: 763-428-2217
Fax: 763-428-8586
Email: info@rogersdentalcenter.com

Date _____

I authorize the release of my/our family's x-rays/records to be transferred to Rogers Dental Center from the dental office listed below:

Name of Office _____

Address/Phone/Fax _____

Please list the names of all family members that are transferring.

_____ Date of birth: _____

_____ Date of birth: _____

_____ Date of birth: _____

_____ Date of birth: _____

_____ Date of birth: _____

_____ Date of birth: _____

Signature _____