

# Prairie

Dental Group



David J. Brandis, D.D.S. • Tanya L. DeSanto, D.D.S. • Julie R. Nathanson, D.D.S.

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

**RE:** *Authorization for release of dental records*

**I, \_\_\_\_\_, authorize Prairie Dental Group to release any and all information in my dental records. This includes copies of treatment, diagnostic records and medical history as well as radiographs and any other information contained in my dental record regarding my condition and/or treatment.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please forward x-rays to Prairie Dental Group**

**Digital x-rays may be sent via e-mail to: [xray@PrairieDentalGroup.com](mailto:xray@PrairieDentalGroup.com)**