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Welcome to our practice! We realize that you have many options when it comes to dental providers, so we are pleased that you have chosen us for your dental needs. We are committed to providing you with high quality dental care in a compassionate and gentle manner.

Your insurance benefits indicate that you have current radiographs. Enclosed is a dental records release form.

PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE COMPLETE THIS FORM AND FORWARD TO YOUR PREVIOUS DENTIST.

PREVIOUS DENTIST OR CLINIC NAME AND LOCATION

I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING PERSON'S DENTAL RECORDS:

NAME(S): _____

DATE(S) OF BIRTH: _____

SIGNATURE: _____ **DATE** _____

Records may be sent to: records@allbeautifulsmiles.com