



RELEASE OF DENTAL RECORDS FORM

I, _____, hereby authorize the release of my dental records from
_____ to Brilliant Dentistry.

Please send current radiographs to:

Brilliant Dentistry
7727 Flying Cloud Drive
Eden Prairie, MN 55344
P: (952) 944- 2052
F: (952) 944-7873
BrilDentistry@gmail.com

Printed Name(s): _____

Date/s of Birth: _____

Signature: _____ Date: _____

Radiograph Dates:

Pan: _____ Bitewings: _____ Full Series: _____