

Eggert Family Dentistry

www.eggertfamilydentistry.com

Suite 120 700 Village Center Drive

North Oaks, MN 55127 651-482-8412

Elizabeth C. Eggert DDS • Jeffrey M. Eggert DDS

Patient Request for Records Release

Date _____

I hereby authorize and request that my dental or medical (circle one) records be released to
Eggert Family Dentistry, PA
at the following email address: info@eggertfamilydentistry.com

This includes any and all records and information, including, but not limited to dental radiographs, dental chart notes, dental and medical histories, and diagnostic models. If medical records are requested, information regarding which records will be included on a medical consultation request form. If necessary, additional information will be written below.

Patient Name _____

Signature _____

Parent or Guardian Signature if Under 18 _____