

Release Authorization

Office Name: _____

Office Phone: _____

Patient Name: _____

Patient Address: _____

Patient Phone: _____ Birthdate: _____

Please send all current xrays to:

HDC

Hutchinson Dental Center

Dr. Josh Campbell, Dr. Ryan Ritchie

Dr. Steve DeKoster

2 Franklin Street

Hutchinson, MN 55350

320-587-3993

Fax: 320-587-0600

www.hutchinsondental.com

REASON:

____ Changing Offices

____ Second Opinion/ Consultation

Patient Signature: _____

Date: _____