

Release Authorization

Office Name:

Office Phone:

Patient Name:

Patient Address:

Patient Phone:

Patient Birthdate:

Please send all current x-rays to:



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.hutchinsondentalcenter.com

Reason: Changing Offices
Second Opinion/Consultation

Patient Signature:

Date: