

Release Authorization

Office Name: _____

Office Phone: _____

Patient Name: _____

Patient Address: _____

Patient Phone: _____ Birthdate: _____

Please send all current xrays to:



Hutchinson Dental Center

Dr. Josh Campbell, Dr. Ryan Ritchie
2 Franklin Street
Hutchinson, MN 55350
320-587-3993
Fax: 320-587-0600
Email xrays to: info@hutchinsondental.com

REASON:

_____ Changing Offices

_____ Second Opinion/ Consultation

Patient Signature: _____

Date: _____