

3803 Silver Lake Road NE. St. Anthony, MN 5542 – ph: 612.782.7000 / fax: 612.782.7005  
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## X-Ray Release

We're happy to release your x-rays from our clinics. Simply, fill out the information below and either, fax or e-mail it back to us.

\_\_\_\_\_ gives consent to have my chart and  
 (Patient's full legal name)

X-rays released from Almond Dental on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
 (Date)

I would like to have my chart and x-rays sent to the following location via:

- Email
- Fax
- Mail

|             |         |      |        |
|-------------|---------|------|--------|
| Clinic Name |         |      |        |
| Address     | Street: |      |        |
|             | City:   | Zip: | State: |
| Phone       |         |      |        |
| Fax         |         |      |        |
| Email       |         |      |        |

\_\_\_\_\_  
 (Signature of Patient or Guardian of Patient)

\_\_\_\_\_  
 (Print Full name)