

## X-rays Release

\_\_\_\_\_ gives consent to have his/her chart and  
x-rays released to Almond Dental on \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date)

Please send all my x-rays and chart to Almond Dental via:

- Email
- Fax
- Mail

Please send to this clinic:

- 3803 Silver Lake Road NE, St. Anthony, MN 55421 / Fax: 612-782-7005
- 11301 Fountains Drive, Maple Grove, MN 55369 / Fax: 763-316-6539

Patients current chart and x-rays resides at the following clinic:

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

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

\_\_\_\_\_  
(Print Full Name)