

Records Request

I authorize _____ to release my/our dental records to:

Hazelton Family Dentistry
677 Anne Street NW Suite F
Bemidji, MN 56601
Tel (218)333-8868
Fax (218)333-1515
hazedds@paulbunyan.net

Name: _____

Spouse: _____

Children: _____

Please provide the following information if available for each:

Date of last exam _____

Date of last BWs _____

Date of last PAN/FMX _____

Date of last Preventative Appointment _____

Please send current radiographs to: hazedds@paulbunyan.net

Signature _____ Date: _____