1870 W. Wayzata Blvd
PO Box 695
Long Lake, MN 55356

Ph: 952-473-7151
Fax: 844-227-5345
office@longlakedental.com

Record Release

I ________________________________, here by authorize
Patient Name

________________________________ to release my records to Long Lake Dental.
Dental Practice Name

If they are digital, please e-mail them to office@longlakedental.com

If films are not digital they can be mailed to:

Long Lake Dental
1870 W. Wayzata Blvd,
PO Box 695
Long Lake, MN 55356.

Family Members to Include:

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____ ____________________
Patient/Guardian Signature Date