

**TURNAGAIN DENTAL OFFICE
DOMINIC S WENZELL, D.M.D.
1842 WEST NORTHERN LIGHTS BLVD
ANCHORAGE, AK 99517
PHONE: (907) 272-6122; FAX: (907) 274-0442**

RELEASE OF DENTAL RECORDS

DATE: ___/___/___

PATIENT NAME: _____ **D.O.B.** ___/___/___

ADDRESS: _____

TELEPHONE NUMBER: _____

PLEASE RELEASE MY DENTAL RECORDS FROM:

SPECIFIC RECORDS TO BE RELEASED:

TREATMENT PLAN

X-RAYS

PROGRESS NOTES

PANNO

PLEASE RELEASE MY DENTAL RECORDS TO:

THIS AUTHORIZATION WILL EXPIRE ON: ___/___/___

PATIENT OR IF PATIENT IS A MINOR PARENT/GUARDIAN SIGNATURE