

Record Release

Blue Earth & Mapleton Family Dental

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Mapleton, MN 56065

P: 507-526-3111

P: 507-524-3830

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Today's Date: _____

Patient Name: _____ Patient Date of Birth: _____

- Please send records ***to*** Blue Earth & Mapleton Family Dental

I authorize the release of any dental records and x-rays that are relevant to my dental treatment be transferred to the office of Blue Earth & Mapleton Family Dental. From the office of: _____

- Please send records ***from*** Blue Earth & Mapleton Family Dental

I authorize the release of any dental records and x-rays that are relevant to my dental treatment be transferred from the office of Blue Earth & Mapleton Family Dental. Please send to the office of: _____

Signature of patient or guardian: _____