

Cedar Hills Dental Center

William W. Wagnild DDS P.A.
10976 Cedar Lake Road
Minnetonka MN 55305

952-544-2225

Patient Authorization for Release of Information

Release To :

Release From :

William W. Wagnild DDS PA

name

Cedar Hills Dental Center

10976 Cedar Lake Road

address

Minnetonka MN 55305

city/state/zip

Please release the indicated information for :

Name : _____

Address : _____

City/State/Zip : _____

Phone : _____ H _____ W

Date of Birth : _____

Please release the indicated information on the following minor family members :

1. _____ DOB : _____

2. _____ DOB : _____

3. _____ DOB : _____

4. _____ DOB : _____

Information to be released : Dental records : _____ x-rays : _____

X _____ Date ____/____/____

authorized signature

*x-rays may be emailed to : **chdcfilms@live.com** (please call when sending email).