

# *Dentistry for Children & Adolescents*

[www.childrensdent.com](http://www.childrensdent.com)

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Ridge Point Medical Building  
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Suite 100  
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Children's West Prof. Office Building  
6060 Clearwater Drive  
Suite 210  
Minnetonka, MN 55343  
(952) 932-0920  
Fax: (952) 932-0929

## **PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION**

DATE: \_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE OF MY CHILD(REN)'S (NAME & DOB):

\_\_\_\_\_  
\_\_\_\_\_

DENTAL RECORDS TO DR: \_\_\_\_\_

Dental office email address \_\_\_\_\_

Date of appointment \_\_\_\_\_

**-OR-**

\_\_\_\_\_  
PLEASE FORWARD TO MY HOME EMAIL

REASON FOR TRANSFER: \_\_\_\_\_

**CANCEL ALL FUTURE APPOINTMENTS?      YES      OR      NO**

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNED: \_\_\_\_\_

(PARENT OR GUARDIAN)

I understand that Dentistry for Children will provide one copy of these records at no charge.  
If for any reason more than one copy of x-rays is needed; there will be a duplication fee.