Dr. Daniel McAllister  Dr. Sarah Fontana

3 Sunset Plaza Kalispell, MT  59901

406-752-1166  Fax 406-752-1171

smile@montanadentalworks.com

# DENTAL RECORDS RELEASE FORM

Patient Name to Transfer: _____

Date of Birth: _____

Phone Number: _____

Other Family Members to Transfer: _____

Previous Dentist Office: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Please forward any of the following information that you have: x-rays, probing depth chart, charting, and photographs to Montana Dental Works.

I hereby give you permission to release any and all of my dental records to Montana Dental Works.

_____  _____

Patient Signature (parent if minor)  Date

If records are digital, please email to: smile@montanadentalworks.com