



MONTANA
— DENTAL WORKS —
Cosmetic, Implant & Laser Dentistry

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

