

ISLE FAMILY DENTISTRY
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ISLE, MN 56342
PHONE 320-676-3232 FAX 320-676-8460

Authorization for Release of Information

Name_____

Date of Birth_____

This will authorize ISLE FAMILY DENTISTRY to release to:

(Name and address of dental office)

all dental records, including radiographs while I was a patient.

Signature_____ Date_____

(Patient/Parent or Guardian if minor)

Family Members:

Name_____ Date of Birth_____

Name_____ Date of Birth_____

Name_____ Date of Birth_____

Name_____ Date of Birth_____

Name_____ Date of Birth_____