ISLE FAMILY DENTISTRY
JOHN R MILLER, D.D.S.
370 - 3RD AVENUE S
P.O. BOX 1
ISLE, MN 56342

PHONE 320-676-3232 FAX 320-676-8460

Authorization for Release of Information

Name____

Date of Birth____

This will authorize the office of_______________________________

____
(name and address of dental office)

to release to ISLE FAMILY DENTISTRY all dental records, including radiographs while I was a patient at the above facility.

Signature_______________________________ Date______________
(Patient/Parent or Guardian if minor)