

Authorization and Request for Previous Dental Records and Radiographs

Previous Dentist: _____

Address: _____

City, State: _____

Phone: _____ Fax: _____

Please forward any previous x-rays and/ or records as soon as possible to:

Nicollet Station Dental
510 Marquette Ave. S.
Suite 100
Minneapolis, MN 55402
612-338-5557
fax: 612-373-0602

or email to: info@nicolletstationdental.com

Thank you,

Signature: _____
(Patient)

Print Name: _____