Dental Records Release Form

Dr. Michael R. Thomas
Dr. Lindsay N. Hegland
Marshall, Minnesota 56258
Phone: 507-532-3353
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I authorize and grant full permission for all patient chart information including patient history, radiographs, and correspondence with dental specialists for the patients listed below to be released and forwarded to:

Dr. Michael R. Thomas & Associates
Dr. Lindsay N. Hegland
401 Jewett Street
Marshall, Minnesota 56258
Email: infoscheduling@michaelrthomasdds.com

Signature : _____ ***Date:*** _____

Please release information for the following patients:

First Name: _____ **Last Name:** _____

First Name: _____ **Last Name:** _____

First Name: _____ **Last Name:** _____

First Name: _____ **Last Name:** _____

NAME OF PREVIOUS DENTAL PROVIDER TO RELEASE RECORDS:

_____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip code** _____