



605-721-1219

Dental Records Release

Records transfer from: _____

Phone Number: _____

Fax Number: _____

Patient Name: _____

Date of Birth: _____

Other family members to transfer:

Signature: _____ Date: _____

Please release dental records for the patient (s) listed above to:

Anderson Family Dental PC

1219 St. Joseph Street

Rapid City, SD 57701

dental@rapidnet.com