David W. Clause, DDS
Jessica J. Kuryla, DDS
Tim J. Jernberg, DMD
Garrett D. Clause, DDS

We received a request for your current x-rays. Please complete this form, sign, date and return it to our office. We will forward your x-rays upon receipt of this release form. Please make sure all appropriate parties have signed and dated the form. Thank you.

I authorize Commerce Drive Dental Group to release my x-rays/records to:

_____

(Name of dental office)

_____

(Address – if known)

_____

(E-mail address – to expedite the transfer of records)

NAME: _____ DOB: _____

*Signature: _____

EMAIL ADDRESS (Required**)** _____

SPOUSE:_____ DOB: _____

*Signature: _____

CHILDREN: _____ DOB: _____

*Signature: (if over 18) _____

To better serve our patients, may we ask your reason for leaving?

_____ Financial _____ Insurance _____ Location _____Moved _____Unhappy _____ *Other

*Please Specify: _____

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