



David W. Clause, D.D.S.  
Jessica J. Kuryla, D.D.S.  
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Blake M. Kuiper, D.D.S.

I authorize:

\_\_\_\_\_  
(Name of Dental Office)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, state and zip code)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Fax number)

To release my xrays/records to:

**Commerce Drive Dental Group**

**2040 Commerce Drive**

**North Mankato, MN 56003**

**(507) 345-7786**

[cddental@commercedrivedental.com](mailto:cddental@commercedrivedental.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Brith \_\_\_\_\_

**Please forward x-rays, perio charting and any unfinished treatment.**