

Stone Barn Dentistry  
615 16<sup>th</sup> Street SW  
Rochester, MN 55902  
507-288-2539 Fax 507-288-9230  
Email us at: [info@stonebarndentistry.com](mailto:info@stonebarndentistry.com)

**Dental Record Release Form**

I hereby authorize the release of my dental records to \_\_\_\_\_  
(name and city or email of facility)

from \_\_\_\_\_  
(name and city or email of facility).

Please include records for the following members of my family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)