

**WOODLAND DENTAL, INC.**

**Ryan L. Anderson, DDS**

206 1st Street SE  
Wadena, MN 56482  
(218) 631-4431

DENTAL RECORDS RELEASE FORM

Name of Patient: \_\_\_\_\_ Maiden Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Previous Dentist Office: \_\_\_\_\_

Previous Dentist - Address: \_\_\_\_\_

Previous Dentist - City, State, Zip: \_\_\_\_\_

Please forward the following information:

- \*Dental x-rays
- \*Comprehensive Exam & Date: \_\_\_\_\_
- \*Probing depth chart
- \*Fluoride - Date \_\_\_\_\_
- \*Charting
- \*Prophy - Date \_\_\_\_\_
- \*Current treatment plan
- \*Bitewings - Date \_\_\_\_\_
- \*Photography
- \*Pano - Date \_\_\_\_\_
- \*Full Mouth Debridement \_\_\_\_\_

I hereby give you permission to release any and all my dental records to Ryan L. Anderson, DDS at Woodland Dental.

\_\_\_\_\_  
Patient Signature (parent if a minor)

\_\_\_\_\_  
Date

Please include the following dependant records:

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

Please mail or email records to:

Woodland Dental  
PO Box 625  
Wadena, MN 56482  
woodlanddental@arvig.net