**Nord Dental**
103 N. Regency Dr. Bloomington IL 61701
(309) 663 9421
norddentalcenter.com/



# RELEASE OF RECORDS AUTHORIZATION

## | DOB:

| | |
|---|---|
| Please select which scenario applies to you | |
| What is your previous dentist's name/practice name? | |
| What is your previous dentist's address? | |
| What is your previous dentist's phone number? | |
| What is your previous dentist's email address? | |
| What is your new dentist's name/practice name? | |
| What is your new dentist's address? | |
| What is your new dentist's phone number? | |
| What is your new dentist's email address? | |
| Please send a copy of: | |
| Please send a copy of: | |

### RELEASE OF RECORDS AUTHORIZATION

By signing below, I consent for my dental treatment records and/or x-rays to be transferred by email to norddental.info@gmail.com.

Practice Name: Nord Dental
Practice Address: 103 N. Regency Dr. Bloomington IL 61701
Practice Phone number: (309) 663 9421

Patient's signature: Date:

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