

1870 W. Wayzata Blvd  
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Long Lake, MN 55356



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**Record Release**

I \_\_\_\_\_, here by authorize \_\_\_\_\_  
Patient Name Dental Practice Name

to release my records to longlakedental@uslink.net. If films are not digital they can be mailed to: Long Lake Dental 1870 W. Wayzata Blvd, PO Box 695 Long Lake, MN 55356.

Family Members to Include: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date