Dahl & Mack Dental

Jonathan P. Dahl, D.D.S.
Robert D. Mack, D.D.S.
Courtney M. Gieseke, D.D.S.

REQUEST FOR RELEASE OF PATIENT RECORDS

I, _____, authorize the release of any dental x-rays that are current, to be picked up by myself, or my representative, or to be sent to another dental office at my request.

Please list any additional family members this request would also apply to:

_____

_____

_____

Person requesting transfer:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: 1 (____) _____ Cell Phone: 1 (____) _____

Date: _____

Signature: _____

Request to be sent to:

Dahl & Mack Dental
Jonathan P. Dahl, DDS
Robert D. Mack, DDS
Courtney M. Gieseke, DDS
1324 23rd Street South
Fargo, ND 58103

Telephone: 701-237-5616
Fax: 701-271-8813
Email: becky@dahldentistry.com

Click to Submit by Email