

TANGLETOWN: DENTAL

Authorization and Request for release of dental information:

- Bitewings (within last 12 months)
- Full mouth Xrays or Pano (within last 3 to 5 years)
- Latest Perio Charting

Please forward my current x-rays to:

xray@tangletowndental.com

Tangletown Dental
4831 Nicollet Ave S
Minneapolis, MN 55419

Patient Name: _____

Date of Birth: _____ Phone Number: _____

Address: _____

Patient Signature: _____ Date: _____