

Valley Oaks Dental  
7373 147<sup>th</sup> St. W. #116  
Apple Valley, MN 55124  
Phone (952)432-8110  
Fax (952)432-4457

**X-RAY RELEASE FORM**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Release Records From:**

\_\_\_\_ Valley Oaks Dental \_\_\_\_\_

Address 7373 147<sup>th</sup> St. W. #116 \_\_\_\_\_

Apple Valley, MN 55124 \_\_\_\_\_

**Send Records To:**

Dr. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

