

**AUTHORIZATION FOR RELEASE OF DENTAL RECORDS**

Date \_\_\_\_\_

I hereby authorize you to release my records to:

**Buffalo Dental Group  
1000 Highway 25 South  
Buffalo, MN 55313  
E-mail: [daynac@charterinternet.com](mailto:daynac@charterinternet.com)**

Name of Previous Dental Office \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Patient(s) & DOB \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Signature (Patient, Parent, or Guardian)  
(DO NOT PRINT)