Peter J. Blodgett, DDS
John E. Wilmes, DDS
Lana W. McDermott, DDS

Authorization for Release of Information

Patient Name:_____**DOB:**_____

Address:_____

Phone #:_____

I hereby authorize (*current dentist/office*)_____to release my dental records to (*new dentist/office*)_____.

Reason(s):

- ☐ Moved
- ☐ Insurance Change
- ☐ Treatment Recommendations
- ☐ Other_____

Signature Date

Please email records including x-rays to frontdesk@westside.dental. If you have any questions, please contact our office at 563-382-3657. Thank you!

108 Fifth Ave., Decorah, IA 52101
Phone: 563-382-3657 · Fax: 563-382-0739
Email: frontdesk@westside.dental