Serenity Valley Family Dentistry
Shandra Rosenfeldt, D.D.S.

RECORD RELEASE TO SERENITY VALLEY FAMILY DENTISTRY

Patient Name: _____

Birthday: _____

I authorize the release of my dental records including BW's, Pano, FMX, Perio Charting, and other written information concerning my health and treatment, to be sent to the following dental office.

Serenity Valley Family Dentistry

3633 Lincoln St S STE C

Fargo, ND 58104

Phone: 701-373-0681 Fax: 701-373-0684

Email: info@serenityvalleydental.com

Client Signature: _____

Date: _____