

**AUTHORIZATION OF RECORD RELEASE**

**Blue Diamond Family Dental**

1502 Main St, Bloomer WI 54724

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Email: [info@bluediamondfamilydental.com](mailto:info@bluediamondfamilydental.com)

Today's Date: \_\_\_\_\_

Previous Dental Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Bitewings : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of PAN or FMX : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Was your current dental insurance billed for those x-rays taken?

Has the patient had SRP in the last 2 years: YES / NO

Date of SRP if circled YES : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*Please email any current XRAYS (Bitewings and PA's within 1 year, PAN or FMX within 5 years) to our office at [info@bluediamondfamilydental.com](mailto:info@bluediamondfamilydental.com) along with any notes about past treatment that you may find helpful for the patient's care in our office. Please call our office with any questions or concerns.

Thank You,

Blue Diamond Family Dental

Dr. David J. Irwin, DDS

Dr. Christopher D. Goettl, DDS

Dr. James A. Jenders, DDS

Dr. Michael Benyaih, DDS

(update 8/17/2023)