

AUTHORIZATION OF RECORD RELEASE

Blue Diamond Family Dental

1502 Main St, Bloomer WI 54724

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Email: 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** 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 Benyaich, DDS

(update 8/17/2023)