

## Patient Dental Records Release

Please forward current dental records and/or radiographs to Straits Area Dental.

We would prefer digital xrays be sent via e-mail to: [straitsareadental@gmail.com](mailto:straitsareadental@gmail.com)

Please send any other records to:                   **Straits Area Dental**  
**Phone: (231)548-7400**                                   **P.O. Box 232**  
**Fax: (231)548-7401**                                   **Alanson, MI. 49706**

Name of Previous DDS: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Patient Signature: \_\_\_\_\_