

Authorization and Request for Dental Radiographs

Please forward any previous x-rays and/or records to the following address:

Bluff Creek Dental
600 Market Street, Suite 130
Chanhassen, MN 55317
952-937-5200

Please email digital records to: info@bluffcreekdental.com

Patient Name: _____ Date of Birth: _____

Other Family Members to Transfer:

Previous Dentist _____

Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Patient / Guardian Signature

Date

Comments:
