

Gordon Engstrand Family Dentistry, LLC

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Record Release

I _____, here by authorize _____

to release my records to Engstrand1@comcast.net. If films are not digital they can be mailed to

Gordon Engstrand Family Dentistry, LLC
2000 S. Plymouth Rd Suite 357
Minnetonka, MN 55305

Family Members to Include: _____

Patient Signature _____

Date _____