



8116 Mallory Court
Chanhasen, MN 55317
952-443-3368

AUTHORIZATION RELEASE FORM

All patients requesting x-rays must have the following release completed and signed.

By signing below, I am authorizing the release of my x-rays.

Patient Name: _____

Date of Birth: _____

If there are multiple family members under the age of 18 that are requesting release of x-rays and the parent/guardian has signed above, please list additional patient names below.

Please email x-rays to...

office@chandent.com

Signature of Patient, Parent or Guardian: _____

Date: _____

Relationship to Patient: _____
(if signed by someone other than the patient)