GREAT
NORTHERN DENTAL CARE
RONALD JARVIS, DDS

Patient Release of Medical Records Form

I give permission to release my dental records, x-rays, and any other dental related information to Ronald Jarvis, DDS - Great Northern Dental Care, PC. Please mail, fax, or e-mail records to the following:

E-mail: info@greatnortherndentalcare.com
Fax: 406-257-5693
Phone: 406-257-5696
Address: 85 Village Loop Kalispell, MT 59901

Patient Name: _____

Date of Birth: _____

Today's Date: _____

Signature: _____