



# LONE OAK DENTAL

**102 22nd Avenue S, Brookings, SD 57006**

**Ph: (605) 697-6212 | Fax: (605) 697-6232**

## RECORDS RELEASE CONSENT FORM

I, \_\_\_\_\_, request you to release my dental records including, bitewings in the last year, panorex or full mouth series in the last five (5) years and important notes or treatment plans to Lone Oak Dental, Office of Dr. Bradley Jordan and Dr. Jade Emily Koch.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_

Please email information to: [contactloneoakdental@gmail.com](mailto:contactloneoakdental@gmail.com)

Previous Dental Office: \_\_\_\_\_

Previous Dental Office Phone #: \_\_\_\_\_