



Justin Coffman DDS  
Robert Cassell DDS

### Consent to Release Records from Wasilla Dental Center

Patient name

Date of birth

Reason for leaving the practice

Records requested

Panos

Full mouth x-rays

Bitewings

Records

Send records to this Dentist/Dental office

Address

Phone

Fax

Patient will pick up records

Patient Signature

Date

*Reminder there is a recopy fee for lost records.*

**(907) 376-5315**

351 W Swanson Avenue, Suite 1, Wasilla, Alaska 99654

clinic@wasilladentalcenter.com

Fax (907) 376-7855