



RELEASE OF INFORMATION

Please list your previous office name so that we may
request your records

_____ may release my records to Valley Dental.
Previous Office Name

Please send patient(s) information to:

Valley Dental
1338 Gateway Drive South
Fargo, ND 58103
701.232.1664
701.239.6167 (Fax)
valleydental@valleydentalfargo.com

List all patient names

DOB(s)

Signature of patient/guardian

Date