

Muna Abudayyeh, DMD
1801 Greenview Dr. SW Suite 101
Rochester, MN 55902



Office 507.281.3659
Fax 507.536.9790
whitesmiles@greenviewdental.net

Authorization for Release of Dental Records and X-Rays

Patient Name: _____ Date of Birth: _____

I authorize the office to provide my dental records to:

- Parent and/or Legal Guardian: _____
- Spouse: _____

Patient Signature: _____ Date: _____