



Cornerstone Dental Group

3030 49th St. S
Fargo, ND 58104-4229
(701) 237-3583
Fax: (701) 237-4159

Please release my dental records to Dr: _____

(*Note-we prefer to email our digital x-rays-please supply an email address whenever possible)

E-Mail: _____

Address: _____

City: _____

State: _____

Phone: _____

Patient Name (Please Print): _____

Patient Signature: _____

Date: _____