

# Monticello Family Dentistry

201 West Broadway  
PO Box 969  
Monticello, MN 55362

Phone: 763-295-3676

Fax: 763-295-8836

Email: [monticellofamilydentistry@tds.net](mailto:monticellofamilydentistry@tds.net)

## Consent Form for Release of Information

Patient's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I would like my Dental X-rays/Records sent to:

Monticello Family Dentistry  
201 West Broadway  
PO Box 969  
Monticello, MN 55362

Email: [monticellofamilydentistry@tds.net](mailto:monticellofamilydentistry@tds.net)

Previous Office \_\_\_\_\_

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Signature of Patient

Date