

# Dental Arts, S.C.

404 Wisconsin Avenue  
Amery, WI 54001  
715-268-7177

David P. Doroff, D.D.S.  
James J. Lampi, D.D.S.  
Thomas P. Van Someren, D.D.S.  
Amy G. Ott, D.D.S.

## RECORDS RELEASE FORM

To \_\_\_\_\_  
(Previous Dental Office/Doctor)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I authorize the release of dental records and medical records relevant to dental treatment, or copies of such, and request that they be transferred to:

\_\_\_\_\_  
(Doctor at Dental Arts name here)

Email: [info@amerydental.com](mailto:info@amerydental.com)

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature (parent or guardian if under age 18)

Date \_\_\_\_\_

\_\_\_\_\_  
Print Parent or Guardian Name