

ART & SCIENCE DENTISTRY

Kinney & Musser, D.D.S., P.A.
1000 Radio Drive – Suite 240
Woodbury, MN 55125
651-739-1894 office
651-739-5496 fax

Date: _____

I authorize Doctor _____ to release my records including x-rays and study models that may have been done pertaining to my dental care at your office.

Please release this information to:

**Art & Science Dentistry
Kinney & Musser, D.D.S., P.A.
1000 Radio Drive – Suite 240
Woodbury, MN 55125
Email address: kinneymusser@gmail.com**

Print Name

Patient or Legal Guardian Signature