

I (we) do hereby authorize Lori J. Engelmann, DDS to release dental x-rays and treatment notes of the person(s) named below to the dentist/physician indicated below. Kansas law requires that our office keep on file the original x-rays for a period of ten years from the date they were taken.

Complete the information below. If the records are for a minor or if you are a guardian for a patient then the parent or guardian should sign the request. Each patient 18 years and older is required to sign for transfer of their records.

Name	Date of Birth	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Send Records to:

Dentist Name: _____

Email (we can email most records): _____

Address: _____

City _____ St _____ Zip _____

Phone _____ Fax _____

Please return this form to:

Lori J. Engelmann, DDS
4300 W 133rd St Suite 100
Leawood, KS 66209

Or:

info@dental133.com