

Evon T. Heaser, D.D.S P.C.

P.O. Box 2065 • 160 Nucleus Avenue
Columbia Falls, Montana 59912

Office (406) 892-2085
Fax (406) 892-7304
Info@406smiles.com

Request for Records Release

To:

Date: _____

I do hereby authorize and request you to release to Dr. Evon T. Heaser your most current full mouth set of radiographs and any further records of my treatment that may be necessary for my continued dental care.

Signed: _____