



1231 27th St S Ste C. Fargo, ND 58103 (701)232-6983 office@tronsgardsullivan.com

Date:

I hereby authorize and request dental radiographs (current x-rays) for:

(Full patient name and date of birth)

(Full patient name and date of birth)

(Full patient name and date of birth)

(Full patient name and date of birth)

To be released and/or emailed to Tronsgard & Sullivan Dental:

Dr. Daren T. Sullivan & Dr. Coulton R. Dangerfield
1231 27th St S Ste C.
Fargo, ND 58103
Phone: 701.232.6983 Fax 701.239.9375
Email: office@tronsgardsullivan.com

Signature:

(Patient or Guardian)