



PRAIRIE DENTAL C E N T E R

Patient Release of Dental Records Consent Form

Date:

Patient's Name:

Patient's Address:

Patient's Phone:

Please release my records to:

Prairie Dental Center
7000 South Santa Rosa Court
Sioux Falls, SD 57108 Dr.
Justin Nichols
Dr. Mallory Cicmanec
Dr. Landon Koth
Business phone: (605)335-8640
Business Fax: (605)332-9956

Email: prairiedtl@gmail.com

Web: prairiedentalcenter.com

Patient's Signature: