

MIDWEST ORAL & MAXILLOFACIAL SURGERY, PA

The Pointe Professional Bldg
13875 Hwy 13 Frontage Rd #50
Savage, MN 55378
(952) 226-7940

Eckert Dental Center
300 First Avenue South
Shakopee, MN 55379
(952) 445-3868

PATIENT IDENTIFICATION INFORMATION (Please Print):

Patient Name: _____

Maiden or other Name(s): _____

Patient's Birthdate: _____ Acct. #: _____

Patient's Social Security Number: _____

PATIENT'S AUTHORIZATION:

I, _____, hereby give permission for the hospital, Clinic or doctor named below to release all records or information, including any alcohol or drug abuse treatment records. Care was received by me on or about ____/____/____.

Signature of Patient/Guardian: _____
(PARENT IF UNDER 18 YEARS OLD)

Date: ____/____/____

Relationship to Patient: _____

TO: (Print name & address of hospital, clinic, or doctor where care is received)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

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Requesting the following information:

