

**PerioWest**  
**7810 Terrey Pine Court**  
**Eden Prairie, MN 55347**  
**Telephone: (952) 567-7457 Fax (952) 567-7459**  
**www.periowestmn.com**  
**frontdesk@periowestmn.com**

**I authorize:**

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**Practice Name**

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**Practice Address**

**to send any current digital radiographs and/or records to:**

**PerioWest**  
**7810 Terrey Pine Court**  
**Eden Prairie, MN 55347**  
**Phone: 952-567-7457**  
**Email Address: frontdesk@periowestmn.com**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*\*This release is valid for 1 year from the date signed.*