Dr. Gordon E. Krueger DDS, MS, PA
Certified Prosthodontist

6740 CROSSWINDS DRIVE, NO. • SUITE F
ST. PETERSBURG, FLORIDA 33710
(727) 384-6533 • Fax: (727) 384-2441
Prostho@GordonKrueger.com

Dental Records Release Form

Patient Name:_____

Date of Birth:_____ Phone Number: _____

Previous Dentist or Practice Name: _____

Address: _____

City/ State/ Zip: _____

Phone Number: _____ Fax: _____

Please forward any of the following information that you may have:

- FMX
- BWX/ PA's
- FMP Charting

I hereby give you permission to release all my dental records to
Dr. Gordon E. Krueger.

_____ _____
Patient Signature Date

If records are digital, please email to: Prostho@GordonKrueger.com

Or mail to: Dr. Gordon E. Krueger DDS
6740 Crosswinds Drive North Suite F
St. Petersburg, Fl 33710