

6740 CROSSWINDS DRIVE, NO. • SUITE F
ST. PETERSBURG, FLORIDA 33710
(727) 384-6533 • Fax: (727) 384-2441
GordonEKruegerDDS@yahoo.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 any and all of my dental records to
Dr. Gordon E. Krueger.

Patient Signature

Date

If records are digital please email to: GordonEKruegerDDS@yahoo.com

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