



521 E. Timber Dr. Po Box 579
Rhineland, WI 54501
715-365-1800 fax 715-365-1806

Records Release Form

Date: _____

Please release my dental records to Dr Paco Fralick at Timber Drive Dental.

Please send records to Timber Drive Dental's email address of: info@timberdrivedental.com

Or mail to: PO BOX 579 in Rhineland, WI 54501

Signature of Patient: _____

*If applicable, please release the following family records as well:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

