



Blinn Dental  
 5631 Clark Road  
 Sarasota, FL 34233  
 941-248-0828(Office)  
 941-214-9497(Fax)

Fax

To: \_\_\_\_\_ Fax: \_\_\_\_\_  
 From: **Blinn Dental** Date: \_\_\_\_\_  
 Re: \_\_\_\_\_ Pages: \_\_\_\_\_

Urgent

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ dental  
 office to release my dental records and x-rays to **Blinn Dental**.

Please email x-rays and images in Jpeg format to

[Blindentaloffice@gmail.com](mailto:Blindentaloffice@gmail.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_