



PLAZA
dental group, llc

A GENERAL AND MULTISPECIALTY GROUP PRACTICE

Plaza Dental Group
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Columbia, MO 65201
Fax 573.817.2888
Records@pdgcolumbia.com

Date_____

I do hereby authorize _____ (my medical office or previous dental office) to release my dental/medical records and x-rays to Plaza Dental Group in Columbia, MO. Records may be forwarded by mail, email or fax (email preferred for x-rays) to the addresses/number at the top of this page.

Signature_____

Printed Name_____

Date of Birth_____