

James F. Lesch, DDS  
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Lakeville, MN 55044  
952-469-5213

**Records Release Request**

Please forward the records from the patient(s) listed below to our office for continuing dental care:

I, \_\_\_\_\_ hereby authorize and request the release of dental x-rays of the following person(s):

\_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_ D.O.B. \_\_\_\_\_

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

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

Thank you!

Former D.D.S. Name, Location and Phone:

\_\_\_\_\_  
\_\_\_\_\_

If digital please email to [admin@jamesleschdds.com](mailto:admin@jamesleschdds.com)  
Fax 952-469-1385

