



I authorize my dental records/radiographs to be copied and sent to:

Tenino Family Dental

Dr. Suzanne K Winans

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Tenino, WA 98589

360-264-2353 Fax 360-264-6374

EMAIL: appointments@teninofamilydental.com

Print Patients Full Name: _____

Birthdate: _____

Patients Signature: _____

Guardian if Patient is a minor: _____

Records from: _____

Phone: _____

Fax: _____