

I authorize the release of dental records and request they be sent to:

**Sun Mountain Dental Care**

**Todd S. Christensen, DDS**

**Email: smiles@sunmountaindental.com**

**Phone: 907-357-5757**

**Fax: 907-206-3924**

**Please include:**

**Dental X-Rays**

**Dental History**

**Treatment/Progress Notes**

Name of Patient(s)

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Date of Birth

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Patient Signature

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Name and Address of Previous Dentist

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