

**Golden Oak Dental Care**  
**11345 N. Port Washington Rd.**  
**Mequon, WI 53092**

**Dr. Stephan W. Klug**  
**262-241-4440 / 262-241-3331 (fax)**

**[goldenoakdental@gmail.com](mailto:goldenoakdental@gmail.com)**

**AUTHORIZATION TO RELEASE RECORDS**

*Office requested information from:*

*Dr.* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *St* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone #* \_\_\_\_\_

*I hereby authorize and request the release of records or copies of such records; including x-rays(BWX 2 yrs old or less and Pano/FMX 3 yrs or less), dental/medical treatment and history to address listed above*

**Signed:** \_\_\_\_\_

**Name of other family members:** \_\_\_\_\_

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*Please email to above email address whenever possible*