



Geoffrey A. Berg, DMD  
Tyler L. Bryan, DMD  
Brian D. Tidwell, DDS

**Albany Location**  
2825 Wileta ST SW Suite A  
Albany, OR 97321  
(541) 928-2301

**Eugene Location**  
1241 Oak Street  
Eugene, OR 97401  
(541) 686-9897

**Philomath Location**  
2811 Main Street  
Philomath, OR 97370  
(541) 929-5227

**Salem Location**  
3545 Lancaster Dr.  
Salem, OR 97305  
(503) 371-9897

**Dallas Location**  
197 SE Washington  
Dallas, OR 97338  
(503) 623-2389

## AUTHORIZATION TO RELEASE DENTAL RECORDS

Patient Name: \_\_\_\_\_

I hereby authorize Dr. \_\_\_\_\_ to release copies of my  
dental records including radiographs to:

**Albany Location**  
2825 Wileta ST SW Suite A  
Albany, OR 97321  
(541) 928-2301

**Eugene Location**  
1241 Oak Street  
Eugene, OR 97401  
(541) 686-9897

**Philomath Location**  
2811 Main Street  
Philomath, OR 97370  
(541) 929-5227

**Salem Location**  
3545 Lancaster Dr.  
Salem, OR 97305  
(503) 371-9897

**Dallas Location**  
197 SE Washington  
Dallas, OR 97338  
(503) 623-2389

OR

Email to: [midvalleydental@gmail.com](mailto:midvalleydental@gmail.com)

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

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