



3773 Cherry Creek Dr. North #120
Denver, CO 80209
Phone # 303-355-8670 || Fax #720-798-5888
Email: cherrycreek@openandaffordable.com

Release of Dental Records

I authorize the release of dental records relevant to dental treatment, or copies of such, and request that they be transferred to:

Date: _____

To: _____

Dentist/Office Name

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Print name of patient

Date of Birth

Signature (patient, parent, guardian)

Additional Notes: _____
