935 N. Lincoln Ave.
Loveland, CO 80537
Phone # 970-541-2183 || Fax # 970-624-0458
Email: loveland@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: ____

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