4972 E. 62nd Ave. Unit B-1
Commerce City, CO 80022
Phone # 303-288-4969 || Fax # 303-288-4969
Email: commercecity@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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