HAXTUN DENTAL CARE

115 S. COLORADO AVE.

HAXTUN, CO 80731

PHONE: 970-774-7999

FAX: 970-774-7997

EMAIL: haxtundental@gmail.com

RELEASE OF DENTAL X-RAYS AND/OR RECORDS

I,_____DOB:_____do hereby give permission to

(Patient Name) (Date of Birth)

Haxtun Dental Care to copy my dental x-rays and/or records, and send them to the provider of my choice.

_____ _____

(Signature of patient or parent/guardian) (Date)

CHECK ONE: **PLEASE MAIL:** ____ **PLEASE EMAIL:** ____

Please send to:

Provider
Name:_____

Street
Address:_____

City, State, Zip
Code:_____

Provider email: _____