

Willow Run Dental PC
12910 Zuni Street, Suite 600 Westminster, CO 80234
(720)872-2750
Email: mctuthbrush@msn.com

AUTHORIZATION TO RELEASE DENTAL INFORMATION

Date: _____

Patient _____

Relationship to Patient Self

Release xrays to: mctuthbrush@msn.com

Address: 12910 Zuni Street Westminster, CO 80234

Phone: (720)872-2750

Additional information to be released: Treatment notes, current xrays (FMX within last 5 years, BW & PA's within last 12 months)

Please email information to our office at www.mctuthbrush@msn.com

Authorization:

I certify that this request has been made voluntarily and that the information given herein is accurate. I understand that the dental information is being released in order that I may give this information to other providers of dental services for treatment of the Patient listed above and for no other purpose. I have reviewed the dental information and accept these records as a complete history of the Patient's tenure with Dr. McMurtrey.

Patient Signature

Date

Name & Fax # or email of Dentist we are requesting information from:
