Jennifer Unger Waters, DDS, PC

Clear Creek Dental Clinic

1607 Washington Avenue

Golden, CO 80401

DENTAL RECORD AND RADIOGRAPH RELEASE

RELEASE

I ____ release all copies of medical/dental records (including medical billing) to be sent to the following person(s):

Name of Office Obtaining Records:____

Street Address, City, State, Zip:____

Phone Number / Fax Number:____

Email Address for Digital Radiographs:____

Patient's Signature / Date:____