Brockman Family Dentistry,INC.
11949 Lioness Way, Suite 200
Parker, Colorado 80134
Phone:303-799-4333 Fax: 303-799-7931
Email: Brockmanfamilydentistry@gmail.com

Transfer of Dental Records

I, _____, hereby authorize
(Patient's Name)
Brockman Family Dentistry, Inc to provide _____
(New Dentist name)
with copies of my dental records with respect to any dental care I have received. I understand that this consent is voluntary and the specific type of information to be disclosed includes a detailed report of examinations, treatment, x-rays and any other records that pertain to me.

Release to:

Dentist/Specialist:_____

Address:_____ City: _____ State:_____ Zip:_____

Phone:_____ Email:_____

Patient's Information

Name:_____ Date of Birth:_____

Address:_____

City:_____ State:_____ Zip:_____

Please share with us the reason for your transfer: _____

_____

Patient/Legal Guardian_____
(Signature)