



IntegrativeDental OF DENVER

James Bieneman, DDS

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771 South Park Drive, Suite 100, Littleton, CO 80120

Release of Records

Patient Information and Consent Form

I, _____ hereby authorize _____
to provide James Bieneman, DDS with copies of my dental records with respect to any dental care and treatment that I have received. I understand that the specific type of information to be disclosed includes a detailed report of examinations, treatment provided, x-rays and all other records which pertain to me. This consent is effective until such date as I can cancel this consent. I understand that the information obtained as a result of this consent may be used after the cancellation date.

Please provide previous office's phone number, fax number and email:

Patient Information:

Full Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Phone: _____

Patient Name

Signature of Patient/Guardian

Signature of Doctor

Date

Send Records To:

Dentist Name: James Bieneman, DDS

Dentist Name: Nathan Wecker, DDS

Street Address: 771 South Park Drive,
Suite 100, Littleton, CO 80120

Phone: 303-797-0832

Email: Drbieneman13@gmail.com