Integrative Dental
OF DENVER

James Bieneman, DDS
Nathan Wecker, DDS

303-797-0832 • www.integrativedentalofdenver.com
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: _____

Send Records To:

Dentist Name: James Bienman, DDS

Dentist Name: Nathan Wecker, DDS

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

Phone: 303-797-0832

Email:Drbieneman@gmail.com

_____
Patient Name

_____
Signature of Patient/Guardian

_____
Signature of Doctor

_____
Date