

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 authorizeto provide James Bieneman, DDS with copies of my dental records with respect to any dental car and treatment that I have received. I understand that the specific type of information to b 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. understand that the information obtained as a result of this consent may be used after the cancellation date.	
Patient Information:	Send Records To:
Full Name:	Dentist Name: James Bienman, DDS
Street Address:	Dentist Name: Nathan Wecker, DDS
City, State, Zip:	Suite 100,Litteton, CO 80120
Date of Birth:	
Phone:	Phone: 303-797-0832
	Email:Info@IDofDenver.com
Patient Name	
Signature of Patient/Guardian	
Signature of Doctor	
Date	