COSMETIC & FAMILY DENTISTRY
STANDLEY SHORES DENTAL GROUP
BEAUTIFUL SMILES... THE EASY WAY

10071 N. Wadsworth Parkway, Suite 100 – Westminster CO, 80021
303-420-9720 (phone) 303-420-0086 (fax)
email: standleyshoresdg@mydentalmail.com

# RECORD TRANSFER RELEASE FORM

**Date:** _____

| **Patient's Name(s):** | **Relationship to Patient:** | **Date of Birth:** |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Office you want the records to be sent to/received from:**

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

**I hereby authorize Standley Shores Dental Group to release/obtain my complete dental records and information:**

Date: _____ Signature: _____

**FOR OFFICE USE ONLY:**

Date of Last Exam: _____ Date of Last Prophy: _____

_____ _____

_____ _____

_____ _____

Date of Last:

BWX: _____ FMX: _____ Pano: _____

Staff Initial: