



6605 West 38th Avenue  
Wheat Ridge, Colorado 80033  
Phone: 303-424-6421  
Fax: 303-456-7682  
Email: ebner\_dds@outlook.com

## RECORDS 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 Ebner Family Dentistry to release/obtain my complete dental records and information:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_