Ryan W. Whitman, D.D.S.
1165 S. Camino del Rio
Durango, CO 81303
Phone (970) 382-8111
Fax (970) 385-4529
office@DurangoFamilyDentistry.com

X-RAY / CHART RELEASE

Release to: Ryan W. Whitman, D.D.S.
1165 S. Camino del Rio, Suite 300
Durango, CO 81303
Phone: (970) 382-8111 Fax: (970) 385-4529
Email: office@DurangoFamilyDentistry.com

From (Doctor / Office):

_____

_____

Patient Name:

_____

_____

Information Requested:

___ Copy of complete dental charting

___ Copy of dental x-rays

___ Others (describe, i.e., models)

Dates Covered:

___ All treatment rendered in this office or by this doctor.

___ Limited to treatment dates for conditions described below.

Purpose or Need for Which Information is to be Used:

___ Transfer of records ___ Second opinion ___ Other (claim evaluation)

Authorization: I hereby certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocations, this consent will automatically expire upon satisfaction of the need for disclosure, but in any event, revoked in writing by patient.

Patient Name: _____ Patient Signature: _____

Guardian Name: _____ Guardian Signature: _____

Date: _____ State How Authorized: _____