

Kenneth S. Cory, DMD, LLC Family Dentistry

1425 Hawk Pkwy, Suite #7

Montrose, CO 81401

(970) 249-4249 phone

(970) 249-7219 fax

PATIENT RECORDS RELEASE FORM

Patient(s) Name: _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Phone # _____

Please provide a copy of the record(s) indicated below:

_____ The full dental records maintained by the provider/practice.

_____ The dental records for the following time frame:

_____ through

_____ A specific section of the dental record as described below:

Signature of Patient: _____

Signature of Office Representative: _____

Date: _____

*** Please email any digital records / x-rays to : officeana27@gmail.com***