



CONSENT TO RELEASE DENTAL RECORDS

To Dr: _____

Patient name and date of birth: (please print)

Release records to:

High Desert Dental

Joshua M. Eastham, DMD

132 Walnut Avenue

Grand Junction, CO 81501

970-245-1758

or

office@highdesertdental.info

Requesting: BWX up to 18 months, Pano up to 5 yrs., date of last prophylaxis

I hereby consent and authorize release of my dental records to the office named above:

Signature and date

*If not patient, state relationship for authorization: _____

According to Colorado state law all dental records remain the exclusive property of the dental office of origin. With proper written authorization patients are allowed access and a copy of their dental records.