

STOWERS ORTHODONTICS

Loveland, CO • 2520 Abarr Drive • 970.667-9193

RECORDS RELEASE

There may be times that it becomes necessary to share your orthodontic records with other dental/medical professionals as part of your dental care.

I hereby authorize the Release of my Orthodontic Records whenever needed to provide information to other medical and dental providers as part of my overall dental care.

Patient Name _____

Signature of patient or responsible party _____

Date _____

Witness _____

This Records Release will be in effect in perpetuity. Please notify us in writing if you decide otherwise.