

Dillon Family Dental, P.L.L.C.  
115 Village Place. / P.O. Box 5868  
Dillon, CO 80435  
Phone: 970-468-5995  
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**Patient Requesting Records:** \_\_\_\_\_

**Patient's Date of Birth:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Release To:** *(Please provide the **name, mailing** address and **phone number** below)*

**Please Provide me with a Copy of My Oral Health Records as Indicated Below:**

- My Full Oral Health Record Maintained by this Provider / Practice
- My Oral Health Record for the Following Time Frame Of:

\_\_\_\_\_ THROUGH \_\_\_\_\_

- A specific Section of my Oral Health Records as Specified Below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A Summary of the Information Is Adequate to Fulfill this Request.

**Signature of Patient:** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_