

Belmar Park Dental Care, P.C
David G. Collins, DDS
And Associates

Phone: 303-986-9522

Fax: 303-986-1869

Email: info@belmarparkdental.com

Records Release Request

I _____ authorize the release of dental records relevant to my dental treatment and request that they be transferred to the following:

PLEASE FILL OUT THIS SECTION TO HAVE YOUR RECORDS SENT

☐ **From: David G. Collins, D.D.S.**
1555 S Wadsworth Blvd
Lakewood, CO 80232
303-986-9522

☐ **To:** _____

PLEASE FILL OUT THIS SECTION FOR RECORDS TO BE RECEIVED BY BELMAR PARK DENTAL CARE, P.C.

☐ **From:** _____

☐ **To: David G. Collins, DDS**
1555 S. Wadsworth Blvd
Lakewood, CO 80232
303-986-9522
info@belmarparkdental.com

Signature of Patient: _____

Parent or Guardian: _____ **Date:** _____