Richard L. Myers, D.D.S., P.C.
2500 30th St, Suite 204
Boulder, CO 80301
303.443.1131

Release of Records Authorization

I, _____ authorize the release of my dental records and x-rays to Dr. Richard L. Myers, DDS, PC.

Patients Name: _____

Address: _____

_____

Birthdate: _____

Records can be mailed to the address listed above, or emailed to :
info@drmyersdds.com

_____ _____

Signed Signature Date