

## X-RAY Release Form

### (Transferring Records TO Bradburn Village Dentistry)

I, \_\_\_\_\_, hereby authorize

Dentist/Dental office: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

to release x-rays taken of me to: Bradburn Village Dentistry (303-827-9553)

11961 Bradburn Blvd, Suite 200, Westminster, CO. 80031

BradburnVillage@gmail.com

Private dental records are going to be sent over the Internet and there is an understanding that the file format may not be compatible.

**Please note that this form MUST be filled fully including your Signature, Date & Time.  
Please email the completed form to bradburnvillage@gmail.com.**

Patient's Signature: \_\_\_\_\_

Date & Time of Request: \_\_\_\_\_

Reason For Release:

\_\_\_ Second Opinion \_\_\_ Moving \_\_\_ Insurance Change \_\_\_ Other: