Robert M. Christensen, DDS
204 W. Hyman Avenue
Aspen, CO 81611
970.925.2715
970.925.2716 fax
robertmchristensendds@comcast.net

My Authorization:
Patient Name: _____
Address: _____
Telephone number: _____
Date of Birth: _____

Please send in Dexis if available. Thank you
I authorize Robert M. Christensen DDS, PC to release my dental records to:
Or Please release my dental records to Dr. Robert M Christensen, DDS

Dental Practice Name: _____
Address: _____
Fax Number: _____
E-Mail:_____

_____ _____
Patient Signature Date