Robert M. Christensen D.D.S.

204 W. Hyman Ave

Aspen, CO 81611

Phone: (970) 925-2715 Fax: (970) 925-2716

robertmchristensendds@comcast.net

Patient Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Please check one:

☐ ***I authorize for my dental records to be released to Dr. Robert M. Christensen D.D.S.***

☐ ***I authorize for my dental records to be released to:***

Dental Practice Name: _____

Address: _____

Phone Number: _____

Email: _____

Please send in Dexis format if available or JPEG/JPG. Thank you.

_____ _____

Patient Signature Date: