



## North Boulder Dental

F. Robert Murphy, DDS  
Paul A. Sica, DMD  
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Stephanie Nielsen, DDS  
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Tim F. Kyger, DMD

### ***Request for Release of Records and X-rays***

Please release records and x-rays to our office/other office at the below address/email as soon as possible.

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Your signature below is an acknowledgement that you are giving North Boulder Dental/other office permission to request records and x-rays from your previous dentist and authorizing your previous dentist or our office to release the records and x-rays.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

DOB \_\_\_\_\_ Date \_\_\_\_\_