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RELEASE TO SPEAK WITH THIRD PARTY

I, _____ hereby authorize Dr. Ryan Whitman and/or his
(print patient's name)

employees to speak with _____, my _____
(name of person) (relationship to patient)

with regard to the following (please "x" all that apply):

condition treatment financial matters.

This person may may not request that my x-rays and/or chart be sent to another office on my behalf.

To the fullest extent permitted by law, I agree to hold harmless, Ryan W. Whitman, D.D.S., Durango Family Dentistry, PLLC and any of the practice's employees from any cost, injury, and damage incurred by or to me as a result of this "Release to Speak with Third Party".

Signature: _____ Date: _____