



**Authorization for Release of Dental Records/X-rays
Patient Communication Consent Form**

- I hereby authorize my dental records and xrays to be released to my general dentist.

- I authorize Periodontal & Implant Center of the Rockies to send text message appointment reminders to me on my provided cell phone number as well as emails to my provided email address. I understand that I may reply with various commands to receive account information such as balances, future appointments, office location and other alerts. By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account guarantor and/or dependents. Text message charges from my cell phone provider may apply.

First and last name of your general dentist: _____

Name of patient, parent, or guardian: _____

Signature of patient, parent, or guardian: _____

Date: _____