



2019 Shred Event

Benefitting the Colorado Orthodontic Foundation

Legal Publication Notice

Dates: May 10, 17, 24, 31

Rate: \$85 per doctor/practice name

Registration Deadline: Friday, May 3 at 5:00pm

Drop-Off Shred Event

Date: Saturday, July 20

Time: 9:00am – 12:00pm

Rate: \$7 per "banker-sized" box; \$12 for larger box

Location:

Rocky Mountain Orthodontics
650 West Colfax Avenue
Denver, CO 80204

Destroy confidential documents with peace of mind and in compliance with State Board rules and regulations. Let MDDS issue your legal publication notice in The Denver Post for four (4) consecutive weeks (May 10, 17, 24 & 31) for only \$85 per doctor name. You may also include your practice name for an additional \$85. Individual ads can cost more than \$400, so take advantage of this great deal. Sign up by May 3, 2019 using this form.

The 2019 Shred Event Drop-off Day is Saturday, July 20 from 9:00am – 12:00pm at Rocky Mountain Orthodontics, conveniently located just east of I-25 at 650 West Colfax Avenue, Denver, CO 80204. One "banker-sized" box (approx. 10"H x 12"W x 15"D) is just \$7 to shred. Larger boxes are \$12. Pay on-site by credit card, cash or check (payable to MDDS).

If MDDS posts your legal notification, as soon as July 1, 2019, you may begin destroying inactive patient records that are dated prior to June 1, 2012.

MDDS does not give advice as to which records may be destroyed. Each individual dentist and dental practice must make that determination. A copy of the Colorado regulation relating to Patient Records Retention (3CCR 709-1) is posted at mddsdentist.com. If you have questions, please consult legal counsel.

SIGN ME UP!

\$85 per doctor/practice name

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Enclosed is my check, payable to MDDS

Please charge my credit card:

Visa Amex MasterCard Discover

Card #: _____

Expiration Date: _____ CVN: _____

Billing Address: _____

City, State, Zip: _____

Name on Card: _____

Signature: _____

No refunds or cancellations will be honored after the cancellation date. If mailing a check please send to MDDS, Attn: Korinna Milam, 925 Lincoln Street, Unit B, Denver, CO 80203. Please contact MDDS at (303) 488-9700 with questions or if you do not receive a confirmation.

2 Easy Ways to Register

Fax In: Complete this form and fax to (303) 488-0177

Phone In: Mon. – Fri. 8:00am – 5:00pm at (303) 488-9700

Registration deadline is May 3, 2019

No refunds or cancellations after this date