

Bridge West Dental

373 Unit 9 B, Bridge Street West

Waterloo, N2K 3K3

T: (519) 880-9480

admin@bridgewestdental.ca

Release of Dental Records

Patient Name: _____

I am requesting the release of the following information for the person named. Please email X-rays if possible.

- All radiographs including the panoramic x-ray.
- Date of last New Patient Exam
- Date of Last recall appointment
- Date of last scaling appointment

Notes:

I authorize the release of dental records to Dr. P. Kodali at Bridge West Dental.

Patient's Signature: _____

Date: _____