

RELEASE OF RECORDS AND INFORMATION

Bovaird Smiles Dental
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L6R OW3
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Dear Doctor:

_____ has recently enlisted our services. I understand that you may have recent records/radiographs, which may assist us. Please forward copies of the most recent x-rays including panorex, perio charting and any other pertinent information including the following:

Date of New Patient Examination: _____

Date of last Recare Examination: _____

Date of last Emergency Examination: _____

Date of last Bite-Wing X-rays: _____

Date of last Panorex X-ray: _____

*“I request that my files and personal information be transferred to **Bovaird Smiles Dental**. I give my consent for the disclosure of my dental and health information”*

Patient Signature (Parent or Guardian)

Date (MM/DD/YYYY)

Print Patient Name

Patient’s Date of Birth