



Request for X-rays and Records

Dear Dr. _____, I hereby request the release of my x-rays and records from your office located at:

to be mailed to:

Dr. Paul J Branco. 580 College Street, Toronto, Ontario M6G 1B3. 416-588-8883 fax 416-588-5298

Or emailed to dentistry@clintondental.ca

Regarding: Patient Name(s):

In order to ensure best optimal care, please provide dates of the following information:

Date of last Complete Oral Exam 01103 _____
Date of last Recare Examination 01202 _____
Date of last Panoramic Radiograph 02601 _____
Date of last Bitewings 02142 _____
Date of last Full Mouth Radiographs 02102 _____

I hereby authorize the release of the above requested records.

Please mail/email out x-rays and/or documents to the above address.

Thank you,

Patient Signature

Date

Clinton Dental (Dr. Paul J Branco)

Date