



Request for X-rays and Record

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