



Records Release Form

Date: _____

Previous Dentist Name: _____

Phone: _____ Fax: _____

Regarding Patient(s): _____

In order to minimize x-ray exposure, we would appreciate it if you would forward any x-rays taken within the last 5 years to our office. Also any pertinent information regarding patient care would be appreciated.

- Last New Patient Exam
- Last Recall Appointment
- Letters from Specialists

The patient is scheduled to see us for an appointment on: _____.
It would be greatly appreciated if we could receive the radiographs in time for this appointment.

I, _____, authorize the release of my records, and those of my family, as requested above. Please send the requested records to Pickering Village Dental at the address below.

Patient/Parent Signature: _____

Thank-you in advance for your co-operation,
Dr. Greg Iatropoulos/Dr. Brendan Ward
68 Old Kingston Rd.
Ajax, Ont.
L1T 2Z7

Tel: 905-428-1215 Fax: 905-428-9291 Email: secure@pickeringvillagedental.com