

Request for Dental Records

Office we're requesting records from: _____

Phone Number: () _____

Please provide copies of the following records:

Bitewing radiographs within the last year

Panorex radiograph within the last 5 years

____ Other: _____

____ Include records for myself only

____ Include records for family members

Patient consent:

I, _____, authorize the release of the above mentioned records to
Railway Avenue Dental.

Date: _____

Patient Name (please print): _____

Other Family Members: _____

Signature: _____

Please forward records to:

Email to: jf@railwayavenuedental.ca

Or

Mail to:

Railway Avenue Dental

Unit #114, 85 Railway Avenue SW

Airdrie, AB T4B 3W9

