

Brentwood Village Dental Clinic

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Dental Radiograph Release Form

This form is to authorize the release of dental radiographs for the following patients

(PLEASE WRITE NAMES OF ALL FAMILY MEMBERS ABOVE)

Previous Dental Office: _____

Dentist Name: DR. _____

Office Phone Number: _____

Please have all current and panoramic radiographs mailed to the address above.

Additional Information Requested:

Date of last Complete Exam (01103)

Photocopy of periodontal probing

Date of last Recall Exam (01202)

Photocopy of patient's chart

Date of last hygiene appointment

Thank you,

Printed Name

Signature

Date

Phone Number

If digital x-rays, please e-mail to info@brentwoodvillagedental.ca