

Lakeshore West Dental

3390 Lake Shore Blvd., W.
Etobicoke, Ontario, M8W 1M9

Office: 416-251-5707
lakeshorewestdental@gmail.com

X-RAY RELEASE CONSENT FORM

DATE:

ATTN:

TELEPHONE:FAX:

I,

give authorization for

_____ Dr.(previous dentist) office to release
my dental x-rays to the office of;

Dr. Sam Patel

3390 Lake Shore Blvd. W.

Etobicoke, ON

M8W 1M9 416-251-5707

lakeshorewestdental@gmail.com

Please include the most current x-rays, in addition to any full mouth series, and panoramic radiograph taken within the last five years.

PLEASE FILL OUT BELOW:

LAST RECALL EXAM:

LAST COMPLETE EXAM:

LAST PROFESSIONAL SCALING

LAST BITEWING'S:

LAST FMS:

LAST PANOREX:

Regards,

signature

print name