

# DENTAL SQUARE

8920 Highway 50, Unit E9, Brampton, ON Phone: 905-915-8988

## CLINICAL RECORDS and 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;

Name: \_\_\_\_\_ Dental Square \_\_\_\_\_  
Address: \_\_\_\_\_ 8920 Hwy 50, Unit E9 \_\_\_\_\_  
\_\_\_\_\_ Brampton ON L6P3A3 \_\_\_\_\_

*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

\_\_\_\_\_  
Date