



22200 Queen St. E, Toronto ON M4E 1E7

Phone: (416) 691-8555 Fax: 416) 691-8905

Date_____

I _____, advise _____

to release my dental records to the above clinic for myself and those names listed below.

Please advise the last:

New Patient exam 01103_____

Bitewings_____

Panoramic x-ray_____

Recare 01202_____

Please e-mail x-rays to info@balsamdental.com

Signed_____ Date_____

Witnessed_____