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TRANSFER OF RECORDS AND/OR RADIOGRAPHS

DATE: _____

ATTENTION: _____

TEL # _____

FAX # _____

OBJECT: **Release of x-rays & record**

To whom it may concern,

I, _____, authorize and request that your office send any recent x-rays and date of last complete oral exam to the Navan Dental Clinic. For digital x-rays, I agree to have them sent electronically to yourdentist@navandentalclinic.com

Date of last complete oral exam: _____

Date of last recall: _____

Date of last bitewing: _____

Date of last panorex: _____

Patient/Guardian Signature: _____

Thank you for your kind and prompt attention to this matter. Please forward the info to us at: yourdentist@navandentalclinic.com.