



Sydenham Family Dental

Our family caring for yours

DATE: _____

Patient Name(s): _____

The above patient(s) would like to thank you for the care you have shown them in the past. In order to provide them with the same continued care, we would appreciate it if you would release their most recent radiographs and records. Where possible please send digital copies of x-rays.

I authorize the release of my/our information to Sydenham Family Dental. Please provide the following information:

Patient Signature: _____

***** TO BE FILLED OUT BY DENTAL OFFICE *****

Date of last complete exam: _____

Date of last recall exam: _____

Date of last scaling/hygiene appointment: _____

Date of last BW: _____

Date of last PANOREX: _____

Copies of referral letters from specialists or any other pertinent information.

Thank You,

Sydenham Family Dental

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