Dr. Beena George Dentistry
Unit #10, 2275 Britannia Rd. W.,
Mississauga, ON L5M 2G6

Tel: 905-542-9999
Fax: 905-814-0911
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Request for Release of Dental Records to Dr. Beena George Dentistry

Patient Information (To be completed by the patient):

Name: _____
First Middle Last

Previous Dental Office Name: _____

Previous Dental Office Contact Number: _____

Information Requested (To be completed by the Dental Office):

Date of new patient exam (DD/MM/YYYY): _____

Date of last recall (DD/MM/YYYY): _____

Date of last FMX/PAN (DD/MM/YYYY): _____

Date of last BW (DD/MM/YYYY): _____

Last hygiene appointment (DD/MM/YYYY)/ How many scaling units? _____

Special Concerns or Remarks: _____

_____

I request and authorize the release of all my Dental Records (including Radiographs and Photographs) to Dr. Beena George Dentistry.

Kindly forward the Information. Thank you for your assistance.

_____

Signature ☐Patient ☐Parent ☐Guardian Print Name Date (DD/MM/YYYY)