

# Brentwood Village Dental Clinic

Tel:403.210.5050 • Fax:403.210.5010 • E-mail:info@brentwoodvillagedental.ca • #323, 3630 Brentwood Road NW Calgary, AB T2L 1K8

## Dental Radiograph Release Form

This form is to authorize the release of dental radiographs for the following patients

---

---

---

(PLEASE WRITE NAMES OF ALL FAMILY MEMBERS ABOVE)

Previous Dental Office: \_\_\_\_\_

Dentist Name: DR. \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Please have all current and panoramic radiographs mailed to the address above.

Additional Information Requested:

Date of last Complete Exam (01103)

Photocopy of periodontal probing

Date of last Recall Exam (01202)

Photocopy of patient's chart

Date of last hygiene appointment

Thank you,

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

If digital x-rays, please e-mail to info@brentwoodvillagedental.ca