



INGERSOLL
Dental Centre

81 Charles Street West Ingersoll, ON N5C 2L7

(519) 485-4951 Fax (519) 485-5764

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@ingersolldentalcentre.com

Signed _____

Date _____

Witnessed _____