

Authorization and Release Form

To The Office Of:

Pursuant to the RCDSO Guidelines for the Release and Transfer of Patient Records, please send without delay, a copy the complete dental record of the patient listed below.

1. Copies of all pertinent clinical notes of the last 12 months.
2. Copies of the most recent radiographs taken.

Patient Name: _____ Date of Birth: _____

I request you release all the requested dental records as listed above and release you of any legal obligations in providing this information to the following:

Dr. Wenxia Grace Liu
Brantford Central Dental
388 St. Paul Ave, #201, Brantford, On N3R 4N4
Email: brantfordcentraldental@gmail.com
Phone: 519-759-7631
Fax: 519-759-4880

Signature Patient/Parent/Guardian: _____

Date: _____

Witness: _____