

Green Road Dental
Dr. S. Rajagopalan Dentistry Professional Corporation
2021 Green Road, Unit 103
Bowmanville, ON L1C 6B5
P.905-419-ORAL (6725) F. 905-419-6724
info@greenroaddental.com

Authorization and Release Form

Dr. _____

Tel: _____

Fax: _____

Please send a copy of the complete dental records for the patient (s) below, which include but is not limited to:

- Copies of all clinical notes and radiographs taken during the last 24 months
- Last Complete Exam _____
- Last Bitewings _____
- Last Pan _____
- Last Recall _____
- Last Scaling _____

For the following:

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

I the patient ask you to release all my complete dental records as listed above and release any legal obligations in providing this information to the following:

Signature of Patient/Parent/Guardian _____

Signature of Witness _____

Date _____