



Robert Clinton, B.Sc, M.Sc., DDS
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Patient Release Form

Date: _____

Re: _____, DOB: _____

To Dr. _____

The above patient has requested that the following information and any radiographs two years old or less be forwarded to our office for continued care.

Date of last recare exam: _____

Date of last scaling/prophy: _____

Date of last radiographs – bitewings/periapicals: _____

Date of last panorex radiograph: _____

I understand that this document will be sufficient to serve as a legal release as required by the RCDS since November 1995. I hereby authorize Dr. Robert Clinton to obtain the above information.

From Dr. _____

Signature: _____ Date: _____

Sincerely,

NOTES _____

Please send x-rays by e-mail if possible