



Dr. Denis Beauchesne
Dr. Michael Hutter
Dr. Anna Primus
& Associates

Dentistry on Sinclair

99 Sinclair Avenue, Suite 306

Georgetown, ON L7G 5G1

T: 905-877-0107

F: 905-877-3917

E: info@dentistryonsinclair.com

Authorization for Release of Dental Records and Radiographs

I _____ hereby authorize the release of my / my family's dental radiographs to Dentistry on Sinclair. In addition please note date of last recall and any additional information that would be beneficial to my dental care. Please forward at your earliest convenience.

Date _____

Patient Signature _____

Date of last recall or new patient exam _____

Please provide copy of clinical notes.

Thank You.