



Patient:

Date:

Attention:

I permit the release of my personal information including treatment record, recall record, existing treatment plan, most recent periodontal charting and photographs/radiographs to:

Dentistry on Brant
713 Brant Street
Burlington, ON.
L7R 2H4

Please email any digital records to: info@dentistryonbrant.com

Dr. New and Dr. Dang are requesting any x-rays and a panorex if taken

Please provide us with:

Date of last COE: _____

Date of Recall exam: _____

Date of last scaling: _____

Date of last BW's: _____ PAN: _____

Signature of patient: _____

Date: _____

Dr. Mary Anne New DDS