Allandale
DENTAL CENTRE

Dr. Amanda A Bray
274 Burton Ave, Unit 16
Barrie ON, L4N 5W4
T 705.722.7600 F 705.737.0858

X-RAY RELEASE FORM

Previous Dentist's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

I, _____, hereby give permission to my previous dentist, Dr. _____, to please release any x-rays and/ or any relevant records to my current dentist, Dr. Amanda Bray.

Signed on the _____day of _____, 20_____

Signature of Patient or Guardian Signature of Witness

Kindly provide date of:

Last Complete Oral Exam _____

Last Pan _____

Last Recare _____

Last Bitewings _____

Please email to: info@barriedentists.com