

THE CHASE DENTAL GROUP
1675 THE CHASE, UNIT #3
MISSISSAUGA, ON
L5M 5Y7
(Tel) 905-820-3689
(Fax) 905-820-6173

DATE: _____

I _____ AUTHORIZE DR. _____
TO FORWARD RECENT RADIOGRAPHS AND/OR COPIES OF
DENTAL RECORDS FOR _____ TO DR.
_____.

I RELEASE DR. _____ FROM ANY LEGAL
RESPONSIBILITY AND LIABILITY THAT MAY ARISE FROM THE
TRANSFER OF THE ABOVE RECORDS/RADIOGRAPHS.

SIGNED: _____

DATED: _____