

Dr. Paul DeMan Dentistry

58 Bridge St. East

Napanee, Ontario

K7R 1J8

t. 613-354-2828

f. 613-354-9663

info@demandentistry.com

Release of Records Form

DATE: _____

To: _____

Phone # _____

Fax # _____

Email: _____

Re: _____ DOB _____

The above named patient(s) will be attending our dental practice.

It would be greatly appreciated if you would forward any radiographs including Pan's, BW's and PA's taken within the last 5 years.

They can be emailed to info@demandentistry.com

Please fax or email the dates of the following:

Last Complete Exam (01103) _____

Last RC Exam (01202) _____

Last cleaning/scaling _____

Pan _____

BW's _____

PA's _____

Thank you in advance for your timely response.

Sincerely,

Dr. Paul DeMan, D.D.S.

Patient/Guardian Signature