



**Release Form**

Re: \_\_\_\_\_

The above patient has come to our office for continuing dental care. Kindly forward the information below with recent radiographs.

Date of last patient exam: \_\_\_\_\_

Date of last recall exam: \_\_\_\_\_

Date of last bitewing radiographs: \_\_\_\_\_

Date of last panorex radiographs: \_\_\_\_\_

Date of last hygiene appointment: \_\_\_\_\_

**Authorization**

I hereby authorize \_\_\_\_\_

To send the above particulars to Thornhill Smiles Dental Centre.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

Email: [contact@thornhillsmiles.ca](mailto:contact@thornhillsmiles.ca)