

Petrolia Dentistry

Dr. Michael Hoben & Dr. Rebecca Phillips

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RELEASE OF RECORDS CONSENT FORM

Attention: _____

I, _____ authorize the release of dental records and radiographs to Petrolia Dentistry.

Included family members: _____

Please include the following:

All previous radiographs from your office – within the last 5 years.

- Date of last new patient exam: _____
- Date of last panorex: _____
- Date of last BW's/PA's: _____
- Date of last recall exam, polish & fluoride: _____
- Date of last scaling: _____

Recall interval: _____ Scaling interval: _____

Patient/Guardian Signature: _____

Date: _____

Please forward all information to: treatment@petroliadentistry.com