MONTEREY DENTAL
FAMILY & GENERAL DENTISTRY

Suite 826, 2220 68 Street NE
Calgary, Alberta T1Y 6Y7
Phone: (403) 293-7818

Patient Request For Transfer of X-Rays

Name of Dentist/Dental Clinic			
Date			
Patient Name 1		Patient 1 Date of Birth	
Patient Name 2		Patient 1 Date of Birth	
Patient Name 3		Patient 1 Date of Birth	
Patient Name 4		Patient 1 Date of Birth	

I hereby authorize the release of my x-rays to the dentist/dental clinic listed below:

_____.

_____
Signature of patient/parent/guardian

If sending x-rays to Monterey Dental Centre please email to: info@montereydental.ca