

**Kincardine Dentistry
Dr. Walden
6 Millennium Way.
Kincardine, Ontario
N2Z 0B5
519-395-5100 (p)
519-395-5109 (f)**



Radiograph & Information Release Form

To: Dr. _____

Fax: _____

Re: _____

Please release your most recent radiographs (bitewings, periapicals, panorex, full mouth series to our office.

Kindly provide the following information

- Initial Examination (01101/01102/01103)
- Last Recall Examination (01202)
- Last Scaling/Polishing (11111/11101/11107)
- Last Bitewings and Panx
- Outstanding treatment
- Any other pertinent information

Please forward records to the office of:

Kincardine Dentistry
6 Millennium Way
Kincardine, Ontario
N2Z 0B5
519-395-5100 (p)
519-395-5109 (f)

drwalden@kincardinedentistry.com

I authorize the release of the above-mentioned information.

Signature: _____

Dated : _____

Thank-you in advance for your help!