



Crystal Beach Dental

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Ottawa, Ontario

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RELEASE OF DENTAL RECORDS CONSENT FORM

Date: _____

Patient Name(s): _____

We at Crystal Beach Dental, and the above-named patient(s) would like to thank you for the care you have shown in the past. In order for our office to maintain the same level of care, we would appreciate you forwarding all recent x-rays, and relevant dental information from the past few years.

The patient hereby authorizes (name of previous dental office) _____ to send the information regarding their dental health to Dr. Sean Gorendar and Dr. Nazanin Fallahi at Crystal Beach Dental.

Date of last

For Dental Office Only

Recall exam: _____ New patient exam: _____

Polish: _____ Panorex radiograph: _____

Fluoride: _____ Bitewing radiographs: _____

Scaling: _____ & how many units used this year: _____ units

Patient understands we will do our best to help you with the transfer of x-rays and any records from your previous office. However, situations do arise where the transfer of your records are delayed or the x-rays on file are outdated. If on the day of your exam we do not have the appropriate x-rays from your old office or the most current x-rays are outdated, then we will need to take new ones. Occasionally the quality of x-rays from other offices is not of appropriate diagnostic value. The resolution of images often gets sacrificed during the digital transfer from office to office. At the discretion of the Dentist, we may need to take new x-rays even if you have had x-rays taken recently.

Patient Signature