Kitchener East Family Dental
WE MAKE YOUR FAMILY SMILE

Dr. J.Gangwani
D.D.S

Transfer of Dental Records

Patient's Name(s): ____

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I am requesting the release of the following information for the person(s) named. Please email X-rays if possible.

- All x-rays including the panoramic
- Date of last New Patient Exam
- Date of Last recall appointment
- Date of last scaling appointment

Notes:____
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I authorize the release of dental records to Dr. J. Gangwani.

Patient's Signature: ____________________________

Date signed: _________________________________

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