



4-1435 Plains Rd East, Burlington ON L7R 3P9 • Tel: (905) 637- 3777 • Fax: (905) 637- 5677
Email: bdinfo@burlingtondentalcentre.com • Website: www.burlingtondentalcentre.com

RELEASE FORM FOR DENTAL X-RAYS

I, _____ DOB: _____ permit the release of my personal information including treatment record, recall record, existing treatment plans, most recent periodontal charting and photographs/radiographs to Burlington Dental Centre. Please also provide the date of the last:

- COE _____
- Recall Exam _____
- Scaling _____
- BW's _____
- PAN _____

Please forward all radiographs and information electronically to

bdinfo@burlingtondentalcentre.com.

If x-rays are not digital or you unable to email x-rays, please mail or fax diagnostic quality images to:

Burlington Dental Centre
1435 Plains Road East Unit 4
Burlington, ON L7R 3PN
Fax: (905) 637-5677

Signature: _____ Date: _____
(of patient or parent/guardian)