

Release Authorization

Date: _____

Dear Dr. _____

Re: Patient Name: _____

Thank you very much for the dental care that you have provided for me. I am now attending another dentist. Please transfer copies of my radiographs and any other significant dental information to my new dentist:

Dr. Tariq Hussain
Westend Dental Clinic
725 A Gardiners Rd.,
Kingston, Ont
K7M 3Y5
Telephone: 1-613-389-8785
Email: dr_tkh@hotmail.com

Thank you in advance for your assistance in transferring this information.

Patient/Guardian signature