DENTISTRY ON AIRPORT

391 Airport Road, North Bay, Ontario P1B 8W8
705-472-1771
www.dentistryonairport.ca
hello@DentistryonAirport.ca

Request of Dental Chart

We at Dentistry on Airport, and the patient(s) mentioned below, would like to thank you for the care you have provided them. In order to ensure continuity of care, we ask that **x-rays, treatment records and any other pertinent information be forwarded to our office either by fax or email as soon as possible.**

Important Notice: If there are delays in receiving records from your previous dental office or if the x-rays on file are outdated (Bite-wings older than one year, PAN older than three years), we will need to take new x-rays. We encourage patients to contact our office at least one (1) day prior to their appointment to confirm that we have received the necessary records. While we will do our best to assist with the transfer of x-rays and records, it is ultimately the patient's responsibility to ensure that all past dental records are transferred promptly.

Additional Note: Please be aware that the quality of x-rays received from other dental offices may not always be suitable for diagnosis. At the discretion of the dentist, and with your permission, we may need to take new x-rays to ensure a thorough and accurate dental examination.
Thank you for your understanding.

I _____ , give my consent for the release of x-rays and treatment records to Dentistry on Airport for myself and/or the following family members: _____

_____

Signature: _____ Date: _____

Previous Dental Office: _____

Phone number: _____ Email: _____

FOR PRIOR DENTAL OFFICE USE ONLY

Name: _____ Name: _____

Date of Last COE: _____ Date of Last COE: _____

Date of Last Recall: _____ Date of Last Recall: _____

Date of Last BW: _____ Date of Last BW: _____

Date of Last Pan: _____ Date of Last Pan: _____

Name: _____ Name: _____

Date of Last COE: _____ Date of Last COE: _____

Date of Last Recall: _____ Date of Last Recall: _____

Date of Last BW: _____ Date of Last BW: _____

Date of Last Pan: _____ Date of Last Pan: _____