Dr. Sharon Walden and Associates
964 ½ Bloor Street West
Toronto, Ontario
M6H 1L6
Phone: 416 588 8839
Fax: 416 588 2157
Email: bloorstreetdental@gmail.com

X-ray Request Form

Date:_____

I, authorize you to release any relevant records and radiographs for

_____

(Name of patients)

Please list relevant history:

Date of last recall: _____

Date of last new patient exam: _____

Date of last bite wings/Pa's: _____

Date of last panoramic film: _____

I release you from all responsibility or liability that may arise from this authorization.

Signed: _____

Date: _____

Name of Previous Dentist: _____