

Georgian Shores

DENTAL CENTRE

719 Prospect Blvd.
Midland, ON L4R 0G3
P: 705.526.4442
F: 705.526.4443

308 Hurontario St.
Collingwood, ON L9Y 2M3
P: 705.445.5226
F: 705.526.9324

X-RAY RELEASE FORM

Date: _____
Fax: _____
Dear: _____
Re: _____
D.O.B. _____

Please forward all x-rays and correspondence from specialists.
Please advise us of all the following events in your office.

Date of Complete Oral Exam:

Date of last Recall Exam:

Dates of forwarded X-rays:

Please check the box for your location:

Collingwood collingwood@georgianshoresdental.com
Midland midland@georgianshoresdental.com

I give consent to have my dental x-rays, service dates and correspondence from specialists transferred to Georgian Shores Dental Centre.

Name printed

Signature

Please email information and x-rays if possible.
Thanks in advance.