



UXBRIDGE FAMILY DENTISTRY

Dr. Michael Banh & Associates

2A Elgin Park Dr, Uxbridge, ON, L9P 0B1 | T: (905) 852-1818 | F: (905) 852-1882

To: Dr. _____

Tel: () _____

Fax: () _____

Dr. Michael Banh is requesting the release of dental records for the patient(s):

<u>Patient(s) Name:</u>	<u>Date of most recent:</u>				
	<u>Complete Exam</u>	<u>Recall</u>	<u>BW</u>	<u>PAN</u>	<u>FMX</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please forward radiographs and the above information to our office at your earliest convenience. Digital xrays and images can be emailed to **info@uxbridgefamilydentistry.com**

I, _____, authorize the release of my dental records to be sent to Dr. Michael Banh.

Patient/Guardian Signature _____ Date: _____

Thank You,
Uxbridge Family Dentistry