ROSEGATE DENTAL CENTRE

216 Oak Park Blvd # 4
Oakville Ontario
L6H 7S8
P: (905) 257-6255
info@rosegatedental.ca

Dental Radiographs Release Form

This form is to authorize the release of dental radiographs for the following patients

_____
_____
_____

(Please Write the Names of All Family Members Above)

Previous Dental Office: _____

Dentist Name: Dr. _____

Office Phone Number: _____

Please have all current and panoramic radiographs mailed to the address above

Additional Information Requested:

Date of last complete exam (01103) _____

Date of last recall exam (01202) _____

Date of last hygiene appointment _____

Thank you,

_____ _____

Printed Name Signature

_____ _____

Date Phone Number

If digital x-rays, please email to info@rosegatedental.ca