

Westend smiles

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I, _____ authorize _____ to release all relevant dental history, including **dental charting, periocharting and radiographs** to the care of Dr. Frank Lee, Dr Jae Wook Park, Dr Gabriela Chwoschtschinsky and Dr. Grace Lee. The Team at West End Smiles and I would like to thank you for taking excellent care up till now and appreciate your help providing the following information to continue that care:

For Dental STAFF Office Use ONLY – Please Include:

Date of last bitewings: _____

Date of last PA: _____

Date of last panorex: _____

Date of last Complete Oral Examination: _____

If x-rays are in a digital format, please e-mail to info@westendsmiles.ca

PLEASE SEND BEFORE MY APPOINTMENT DATE ON:

Patient / Parent / GuardianSignature

Date