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Please ensure this form is sent to your previous dentist to ensure the proper transfer of records

I, _____ authorize _____ to release all relevant dental history, including **dental charting, periodontal charting and radiographs** to the care of Dr. Frank Lee, Dr Jae Wook Park 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 / Guardian Signature

Date