

107 Dundas Street East Whitby, Ontario L1N 2H6 Tel:(905) 666-1555 Fax:(905)666-1905 www.dentistryondundas.com

Dear	Date
I hereby request the release of the requested	dental records and radiographs
to Dentistry on Dundas for myself and the fo	ollowing family members:
Requested records:	
√ Most recent Bitewings √ Most recen	t FMX √ Most recent PAN
DATE OF LAST NEW PATIENT EXAM:	
DATE OF LAST FULL MOUTH SERIES:	
DATE OF LAST PECALL.	
DATE OF LAST RECALL:	
MAIL:	
DENTISTRY ON DUNDAS	
107 DUNDAS STREET EAST	
WHITBY, ONTARIO	
L1N 2H6	
OR	
EMAIL: ADMIN@DENTISTRYONDUNDAS.COM	Л
Patients Name	
Patients Signature	