NORTHWEST DENTAL

3604 52 Ave NW, #206
Calgary, AB, T2L 1V9

Phone (403) 282-7933
Fax (403) 284-9675

X-RAY RELEASE FORM

Fill this section out if you would like us to request your old x-rays to be transferred

Patient Name

First Name_____ Middle Name_____ Last Name_____

Previous Dental Clinic Name_____

I _____, hereby authorize and request the release of my dental radiographs to Northwest Dental.

I understand that private dental records are going to be sent over the internet without security and the ability to verify that the receiving party successfully obtained the files. We issue all x-rays in JPEG format. Non digital copies, please mail.

Signature_____

Receiving Dental Office: *Please have all current x-rays including a panoramic sent to info@northwestdental.ca*