Milton DENTAL CLINIC
DR. Anjum and Associates

Authorization for Release of Patient Records

I, _____ would like to request that you transfer my clinical records from the last two years to Dr. Anjum & associates at Milton Dental Clinic.

Dental records to be transferred on my behalf should include:

- A summary of all information pertinent to prior treatment including treatment record and periodontal probing record.
- Copies of / original radiographs from the most recent full mouth series, panoramic films and any other films taken within the two years.

Please provide the following information:

- Initial exam (01103, 01102, 01101) Date: _____
- Date of last Full Mouth Series (02102) Date: _____
- Date of last Recall Exam (01202) Date: _____
- Date of last Scaling/ Polishing Date: _____

My clinical records can be shared via email at info@miltondentalclinic.com.

_____ Patient's Signature _____ Date

Milton Dental Clinic
Unit#1, 342 Bronte Street South, Milton, ON, L9T 5B7
Phone: 905-876-4488; WhatsApp: 437-777-4775
Email:info@miltondentalclinic.com
Website: miltondentalclinic.com

Dental Care is Health Care