

DR. OCTAVIAN TETELBAUM
DENTIST

c/o Synergy Centre
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Suite 106
London, Ontario, N6H5L7

T 519-266-3646
F 1-888-758-3601
dentistry@sclondon.ca

Release of Dental Records

Dear Dr. / Clinic _____

Telephone # _____

Fax # _____

Clinic Email _____

Dated _____

I _____ authorize the release of dental records to,

Dr. Octavian Tetelbaum D.D.S
c/o Synergy Centre
519-266-3646
records@sclondon.ca

PLEASE SEND VIA EMAIL OR FAX

Also include the following family members,

Respectfully send,

A copy of dated X-rays taken within the last 3 years.
Date of last Comprehensive exam, Recare/Checkup exam, Polish and Fluoride.
Any other pertinent information that will be beneficial to my dental health.

Thank you for your immediate assistance in this matter,

Patient

Witness