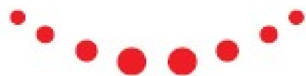

Dr. Sara Syed
Family and Aesthetic Dentistry
2160 Montreal Rd, Unit 1
Ottawa, ON, K1J 1G4
Tel: 613-746-6666 Fax: 613-746-5356
contactus@drsarasyed.com

Date: ______________________

To the attention of (**your previous Dentist**) Dr. ____

Fax to: _________________________________ Phone: _________________________________

I, (**print name**) ____ born on (**print date of birth)**______________ formally request the release of my dental records/radiographs and those of my family members: (print your family member's names)

1. __________________________________ 3. _____________________________________

2. __________________________________ 4. _____________________________________

Please include: (**to be filled out by Dr. Sara Syed's office only**)

◯ Panorex taken within the last 5 years _____________________

◯ BW/PA's taken within the last year _____________________

◯ Last completed oral exam _____________________

◯ Last recall date _____________________ ◯ Last scaling date_____________________

Thank you.

Patient/ Parent/Guardian Signature ______________________________________