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. _____

Phone: _____ Fax: _____

Email: _____

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 _____