UPPERGAGE
DENTAL CENTRE
www.uppergagedental.ca

Dental Records Release Form

Patient(s) Name:	Date of Birth:
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I permit the release of my personal and family's information including medical history, dental history, treatment record (date of last recall, bitewings and panoramic), diagnostic test results, photographs and radiographs to:

Upper Gage Dental Centre
1000 Upper Gage Avenue, Unit #11
Hamilton, ON L8V 4R5

Please email any digital records to: info@uppergagedental.ca

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Patient's Signature Date

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