

# Peace Park Dental

Dr. Nabil Malak

29 Pelham Town Square,

Fonthill, ON L0S 1E0

905-892-5888 Fax 905-892-5815

[smile@peaceparkdental.com](mailto:smile@peaceparkdental.com)

[www.peaceparkdental.com](http://www.peaceparkdental.com)

## REQUEST FOR RELEASE OF PATIENT RECORDS

**Date:** \_\_\_\_\_ **Patient Name(s):** \_\_\_\_\_

Please accept this signed request as my authorization to release and transfer the above mentioned records to Dr. Malak of Peace Park Dental.

Date \_\_\_\_\_ **Signature** \_\_\_\_\_

Previous Dental Office: \_\_\_\_\_

Previous Dental Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Dental Office Email: \_\_\_\_\_

### **This section to be completed by the previous dental office and would be greatly appreciated – please return asap.**

Date of Most Current Complete Oral Examination: \_\_\_\_\_

Date of Most Current Recall Examination: \_\_\_\_\_

Date of Most Current Scaling Appointment: \_\_\_\_\_

Date of Most Current Bw's: \_\_\_\_\_ Date of Most Current Panorex: \_\_\_\_\_

Duplicates will be forwarded: yes \_\_\_ no \_\_\_ by: Mail \_\_\_ Fax \_\_\_ Email \_\_\_

Any additional pertinent information: \_\_\_\_\_

**This patient is scheduled for an appointment at Peace Park Dental on:** \_\_\_\_\_

Peace Park Dental employee \_\_\_\_\_

This form has been: emailed \_\_\_ faxed \_\_\_ mailed \_\_\_ on \_\_\_\_\_