aspen
DENTAL CARE

2104, 10 Aspen Stone Blvd, SW, Calgary, AB T3H 0K3
OFFICE: 403.252.7732 FAX: 403.685.5923
EMAIL: info@aspendentalcare.ca ASPENDENTALCARE.CA

Date: ____________________

Attention: __________________________

(Name of previous dental office)

I permit the release of my dental records, including medical/dental history, treatment record, and dental radiographs to Aspen Dental Care:

_____________________________________ _____________________________________

NAME SIGNATURE

Please send digital records via email: info@aspendentalcare.ca. Or you may mail them to the address above. Thank you!

Please provide information requested for the following patients (all members of the same family):

________________________ ______________________

Print name Signature

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Print name Signature

________________________ ______________________

Print name Signature