



Alliance Dental Wolfville
399 Main Street, Wolfville, NS B4P 1E1
Phone: 902-542-4555
Fax: 902-542-1440
E-mail: infowv@alliancedental.ca

Date: _____

To: _____

Re: _____

DOB: _____

To ensure the accuracy and completeness of our dental records, we are requesting any radiographs and dental treatment history of your former patient, _____.

Below is our patient's consent to the release of these records.

I, _____, do hereby authorize the release of my dental records to Alliance Dental Wolfville.