269 - 1632 14 Ave NW, Calgary, AB T2N 1M7
Tel: (403) 282-1315 | Fax: (403) 282-1354
http://www.DrRCDentistry.ca | rcdentalcalgary@gmail.com

# Release Form for Dental X-Rays

To: _____

The following patient(s) requests any BW or PA x-rays taken in the past 2 years and/or PAN x-rays taken in the past 5 years.

| Name | Date of Birth | Relationship |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

_____ _____ _____
Print Name Signature Relationship to Patient

_____
Date

Please send to:

RC Dental
269 - 1632 14 Ave NW
Calgary, AB T2N 1M7

Phone: 403-282-1315
Fax: 403-282-1354
Email: rcdentalcalgary@gmail.com