credit river dental centre

114 LAKESHORE RD . E. SUITE 3 MISSISSAUGA, ON L5G 1E4 Tel:(905)278-4297
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Information Release

I, _____, authorize the release of any records and/or x-rays pertaining to myself to

Dr. Samson Lee
114 Lakeshore Rd E #3
Mississauga, Ontario
L5G 1E4

Patient Signature _____
Dated _____

Date of Last Complete Oral Exam (01103): _____

Date of Last set of BWs: _____

Date of the Last Hygiene Appointment: _____

Date of the Last Panoramic Radiograph/Full Mouth Series: _____

Please return this form filled out via fax and please mail or e-mail a copy of the radiographs at your earliest convenience.
Thank you for your Co-operation!