

**Dr. Ian Braverman
Kleinburg Dentistry
Napa Valley Dental Centre**

10465 Islington Ave.

Kleinburg, Ontario

L0J1C0

905-893-4500 Fax 905-893-0556

ibraverman@napavalleydentalcentre.com

I _____, hereby request and authorize the release of my/my families dental records including all recent radiographs to Dr. Ian Braverman.

The radiographs should include original or copies of the most recent full mouth series, panoramic films and all films taken within the last 5 years.

Patient/Guardian Signature

Date

Family members to include: _____

To the Dentist:

The release and/or transfer of copies of patient records and/or radiographs, either to the new Dentist or to the patient him/herself is required under Ontario Regulation 853/93 made under the Dentistry Act, 1991 respecting professional misconduct, and must be done in a timely fashion so that we may continue to provide our new patient with the same level of care that they are accustomed to, your cooperation with this request is greatly appreciated.

Dr. Ian Braverman