

**DUFFINS CREEK DENTAL**  
*Dr. Claire de Guzman-Dayot*  
596 Kingston Road West, Ajax Ontario L1T 3A2  
905-683-2561 Fax: 905-683-2570  
Email- duffinscreekdental@rogers.com

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**RELEASE FORM**

To: \_\_\_\_\_

Address/Phone/Fax: \_\_\_\_\_

\_\_\_\_\_

Re: Release of Dental Records/Chart for: \_\_\_\_\_  
Patient(s)

D.O.B. \_\_\_\_\_

I hereby authorize the release and transfer of the following information to  
Dr. Claire de Guzman-Dayot.

Please forward copies of any current radiographs to the above address or e-mail to  
duffinscreekdental@rogers.com

Date of last Bitewing X-rays \_\_\_\_\_

Date of last Panorex or FMS \_\_\_\_\_

Date of last COE (01103) \_\_\_\_\_

Date of last Recall Exam \_\_\_\_\_

Date of last Scaling \_\_\_\_\_

Date of last Polish \_\_\_\_\_

Any areas requiring special attention \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (Patient/Parent/Guardian)