



Authorization for Release of Dental Records and Radiographs

Previous office or referring office:

Address: _____

Phone: _____

I, _____, hereby authorize the release of all of my family's

and/or my dental chart notes, records and radiographs to Sydenham Family Dentistry.

Please forward at your earliest convenience. We use Dentrix and Dexis dental programs.

Patient Names: _____

Date: _____

Patient Signature: _____

Thank You!

RCDSO guidelines state: The release and/or transfer of copies of patient records and/or radiographs, either to the new dentist or the patient themselves, is required under Ontario Regulations 853/93 made under Dentistry Act 1991 respecting professional misconduct, and must be done in a timely fashion.

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