



# Springbank DENTAL CENTRE

I, \_\_\_\_\_ ask that all my x-rays and records be transferred to Springbank Dental Centre. Please also transfer records for the following family members:

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Please send all the above records either by email to:

[contact@springbankdental.ca](mailto:contact@springbankdental.ca)

or by mail:

Unit 116, 30 Springborough Blvd. SW  
Calgary, AB  
T3H 0N9

Phone No.: 403-277-7464

Fax No.: 403-265-2077

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**Signature**

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**Date**