NORTHWEST DENTAL

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Calgary, AB, T2L 1V9

Phone (403) 282-7933
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X-RAY RELEASE FORM

Fill this section out if you would like us to request your old x-rays to be transferred

Patient Name____

Previous Dental Clinic Name____

I ___________________________, hereby authorize and request the release of my dental radiographs to Northwest Dental.

Signature____

Receiving Dental Office: *Please have all current x-rays including a panoramic sent to info@northwestdental.ca*