Sky Harbour Dental

Sky Harbour Dental
12 Sky Harbour Drive
Brampton, ONT. L6Y 0V7
Phone: (289) 801-3623
info@skyharbourdental.ca

Record Release Request

Date: ___________________

To:________________________________ Previous Doctor's Name ________________________________

Clinic Name:________________________ Previous Office ________________________________

Phone Number: ______________________________ Fax Number: ______________________________

E-Mail:____

I authorize the release of dental records and request that they be transferred to:

Print Name of Patient: ____

Signature of Patient, Parent or Guardian:____

PLEASE SUBMIT FORM TO INFO@SKYHARBOURDENTAL.CA

For Office Use

Please include the most current x-rays, in addition to any full mouth series, and panoramic radiograph taken within the last five years.

PLEASE FILL OUT BELOW

Last recall exam:____

Last complete exam:____

Last professional scaling: ____

Last Bitewing's: ____

Last FMS:____

Last Panorex:____

_____________________________ _____________________________
Signature Print Name