



***X-ray & Patient Chart Release Form***

To whom it may concern,

This letter authorizes the release of original x-rays and information regarding the dates of services and procedures for the patients listed below:

Name:	_____	D.O.B:	_____
Name:	_____	D.O.B:	_____
Name:	_____	D.O.B:	_____
Name:	_____	D.O.B:	_____

Signature of Patient/ Parent or Guardian: \_\_\_\_\_

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

**Email X-rays**

care@midronidental.com

**Mail X-rays**

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416.485.4855

Thank you.