HARVEST DENTAL CARE

FAMILY & GENERAL DENTISTRY

## PATIENT RELEASE OF DENTAL X-RAYS & RECORDS

| | |
|---|---|
| Patient Name(s): | Patient Phone No: |
| Previous Dentist Name:<br>(or Clinic Name) | |
| Previous Dentist Phone Number:<br>(if available) | |
| Patient Signature:<br>(or Guardian Signature) | Date: |

The patient(s) listed above hereby authorize (signature above) the release of the following dental records from their respective chart(s) to Harvest Dental Care. Kindly notify us if the patient(s) listed above have not attended care at your office or if records requested are unavailable. Requested records are marked below:

- [x] Panorex radiographs taken within last 5 years
- [x] Periapical & Bitewing radiographs taken within last 2 years
- [ ] Probing depths scores taken within the last 2 years
- [ ] Dental reports (specialist or lab) provided within the last 2 years
- [ ] Chart notes noted in the past 5 years

By signing below, I agree to have my records transmitted by non-PIPEDA* compliant email (I understand that email is not a private mode of communication and that my dental records may be intercepted by someone other than the intended recipient). *PIPEDA = Personal Information Protection and Electronic Documents Act.

### NOTES FOR PREVIOUS DENTAL CLINIC

## ⚠ Kindly indicate the dates that x-rays/images were taken

**E-MAIL:** Digital radiographs as JPG/BMP/GIF or as PDF records. Email address indicated below.
**FAX:** Paper records. Fax number indicated below.
**POSTAL MAIL:** Film duplicates or any other duplicated records (If there are any duplication or forwarding costs involved, please contact our office before duplicating or sending). Clinic address indicated below.

**Please phone us if you have any questions or concerns about sending records.**

**CALGARY DENTAL CLINIC**
403 - 9650 Harvest Hills Blvd N.E.
Calgary, Alberta T3K 0B3
Tel: 403-226-2588
Fax: 403-263-2587
Email: info@harvestdental.ca

**COCHRANE DENTAL CLINIC**
#3 - 45 Bow Street
Cochrane, Alberta T4C 0T4
Tel: 403-981-2588
Fax: 403-981-0288
Email: cochrane@harvestdental.ca

Updated: Jan 2022 v2