



ERINGATE
DENTAL
CLINIC

Date :

Dear Dr. _____

I, (Mr./Mrs./Miss) _____, do hereby authorize the release of my dental documents to Eringate Dental Clinic, including x-rays. Please also forward detailed information about the services rendered on my last appointment.

Kindly forward my family's dental records as well. Yes No

Should you have any concern about this, please contact Dr. Maria Victoria Razon-Clemente at 416 695 9372.

Thank you,

PATIENT

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Good health to you and your household...