Canyon Meadows
Dental Care

11646 Elbow Dr. SW
Calgary, Alberta T2W 1S8
(403) 278 3400 Fax: (403) 278 3458

X-ray/Information Release Consent

Patient/Family's Name: _____

I, _____ , hereby authorize you to release my x-rays to Canyon Meadows Dental Care.

Information Requested:

☐ BW's ☐ PA's ☐ Pan

Date of last complete exam: _____

Date of last hygiene: _____

Signature: _____ Date: _____

Name of previous office: _____

If digital x-rays, please e-mail to to: **mmitic1@telus.net**

(403) 278-3400

(403) 278-3458