

Miller Goodman Dentistry:
Dr John Miller
Dr Sam Goodman
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RECORDS RELEASE FORM

Dear _____,

I _____, hereby authorize the release of any dental records, radiographs, or knowledge concerning my dental treatment to Miller Goodman Dentistry.

Please forward records concerning dental treatment of any dependants listed below:

1. _____
2. _____
3. _____
4. _____

Signature _____ Date _____

Please include **all** periodontal records and chart notes for the past 2 years, the most recent panoramic film or full mouth series and any other radiographs taken within the past 12 months.

Thank you,

John R. Miller, D.D.S
Sam Goodman, D.D.S

- *Last date of Recall:
- *Last date of Scale:
- *Last date of Bw's:
- *Last date of FMX/Pan:
- *Last date of NPE: