



Dentistry on Sherbrooke

Family & Cosmetic Dentistry

Dr. Jurgen Vander Velden, D.D.S.

Information Release

Date: _____

Re: _____

Dr.: _____

The above patient(s) have requested that we obtain previous radiographs. Please forward any pertinent information, including most recent radiographs and any notes regarding ongoing treatment needs, at your earliest convenience.

Thank you

Dr. Jurgen Vander Velden

Authorization for Information Release:

Please send my dental records as requested.

Patient's Signature

1625 Sherbrooke Street, Unit 8, Peterborough, ON K9K 0E6

Tel: (705) 743-2495 Fax: (705) 743-4172

***IF YOU HAVE DIGITAL RADIOGRAPHY, PLEASE EMAIL RADIOGRAPHS WITH DATES TO
info@dentistryonsherbrooke.ca**

Thank you