



This form is to authorize the release of dental radiographs for the following patients:

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From Previous Dental Office: \_\_\_\_\_

*Please forward the most current x-rays, in addition to any full mouth series, and panoramic radiograph taken within the last five years to:*

Garrison Woods Dental

- By Email: **info@garrisonwoodsdental.com**
- By Mail: Garrison Woods Dental  
3511 Garrison Gate SW  
Calgary, AB T2T 6E4

Thank you in advance for providing this information.

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Signature of patient, parent or guardian

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Date