



# Family Dental Centre

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## DENTAL HISTORY AND RADIOGRAPH RELEASE FORM

The following patient (patients) have recently enlisted with our office:

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We would also greatly appreciate any x-rays which would help assist us with our treatment plan and a brief history containing any of the following information.

	Patient Name	Patient Name	Patient Name
New Patient Exam?			
Last Recare Exam?			
Last Scaling Session?			
Last Flouride Treatment?			
Last Full Mouth Xrays?			
Last Bitewing Xrays?			
Last Panoramic Xray?			
Sealants Placed?			
Professional Referrals?			
Concerns or Remarks?			

I hereby grant authorization for the release of dental radiographs for the patient (patients) as listed above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank You so much for your assistance.