



Havenview
DENTAL

Havenview Dental

Unit 7, 4865 Sheppard Avenue East, Scarborough, ON, M1S 3A6

Tel:(416) 291-3117

Fax: 416-291-3204

E-MAIL: dentistry@havenviewdental.com

Information Release

I, _____, authorize the release of any records and/or x-rays pertaining to myself to

Dr. Samson Lee & Dr. Anthony Eng
Unit 7, 4865 Sheppard Avenue East
Scarborough, ON
M1S 3A6

Patient Signature _____

Dated _____

Date of Last Complete Oral Exam (01103): _____

Date of Last set of BWs: _____

Date of the Last Hygiene Appointment: _____

Date of the Last Panoramic Radiograph/Full Mouth Series: _____

Please return this form filled out via fax and please mail or e-mail a copy of the radiographs at your earliest convenience.

Thank you for your Co-operation!