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TRANSFER OF RECORDS

I, _____, authorize the release of my dental records and any and all recent x-rays. Any additional information you may be able to provide would be greatly appreciated. If there are any questions, please feel free to call Dr. Pawliuk's office at (807)623-1707.

Date: _____

Signature: _____

Date of last recall exam: _____

Date of new patient exam: _____