Pawliuk Dental

Dr. Jonathon Pawliuk
1170 Oliver Road
Thunder Bay, ON, P7B 7A4
Tel: (807)623-1707
Fax: (807)622-1916

REQUEST FOR MEDICAL INFORMATION

Date: _____

To: _____

Address: _____

I would like further information concerning the medical status of the following patient in order to plan the appropriate dental care. Thank you.

Patient: _____ Phone: _____

Address: _____

Date of Birth: _____

Anticipated Dental Care: _____

_____

_____

_____

Dentist Signature

Medical Findings and Recommendations: _____

_____

_____

_____ _____

Physician Signature Date

Permission is hereby granted for the release of information concerning my health or above named dependant's health to the above named dentist.

_____ _____

Patient Signature Date