

★ 693 McPhillips Street, Winnipeg, Manitoba R2X 2H6 (204) 774-7774 Fax (204) 633-1143
249½ Henderson Highway, Winnipeg, Manitoba R2L 1M3 (204) 775-7775 Fax (204) 667-6229
246 Portage Avenue, Winnipeg, Manitoba R3C 0B1 (204) 779-7779 Fax (204) 594-5768
1531 Pembina Highway, Winnipeg, Manitoba R3T 2E5 (204) 221-2221 Fax (204) 504-5111
1462 Regent Avenue West, Winnipeg, Manitoba R2C 3A8 COMING SOON
1128 Richards Street, Vancouver, BC V6B 3E6 (604) 566-7666 Fax (604) 566-7660

PATIENT AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby request and authorize Greenwoods Dental & Surgical Centre, Patient or Guardian Name (please print) to disclose and provide copies of any and all clinical treatment records and information concerning my care, which is in the possession of this person or entity, to:

Name of new dentist, specialist, consultant, patient, attorney, insurer, etc.

These records include, but are not limited to: personal patient information, medical and dental histories, examination records, radiographs, clinical photographs, treatment plans, treatment records, referral and consultation recommendations and reports, diagnostic models, and other related materials.

I expressly release from liability the above named person or entity from any and all liability arising from compliance with this request and disclosure of the requested information.

PRINT NAME

SIGNATURE

DATE