



743 Cataraqui Woods Drive, Unit 2
Kingston, ON K7P 2R1
Phone: 613.389.0464
kingstonwestdentalcentre@gmail.com
www.kingstonwestdental.ca

Dr. Michael A. Van Buren

Consent to Release of Information

Dr. _____ / Clinic _____

Date: _____

Patient's Name: _____

I, _____ authorize the release of dental records, x-rays and medical records relevant to dental treatment, or copies of such and request that they are transferred to:

Kingston West Dental Centre

743 Cataraqui Woods Drive, Unit 1

Kingston, Ontario

K7P 2R1

Phone: 613.389.0464

Fax: 613.389.7246

Email: kingstonwestdentalcentre@gmail.com

COE: _____

Bitewing/PAN: _____

Last Scaling: _____

Last Flouride/Polish: _____

Last Recall: _____

Patient Signature: _____