



939 General Ave NE
Calgary, AB T2E9E1
e-mail: info@bridgelanddentalcare.com
Phone: 403-262-1581
Fax: **403-262-1582**

RELEASE OF RECORDS

I _____ authorize Bridgeland Dental Care to obtain or release any dental x-rays, and or records on my behalf to or from:

Please release x-rays and or records for family members:

Name: _____

Name: _____

Name: _____

Signature _____ Date _____