Dr. D.K Mittal Dental Corporation

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249 ½ Henderson Hwy, Winnipeg, Manitoba R2L 1M3 (204) 775-7775 Fax: (204) 667-6229

Date: ______________________________

Name of Patient: ______________________________

Date of Birth: ______________________________

I hereby request that my dental x-rays be transferred from Greenwoods Dental Centre to:

____
(Name of Dental Office and Dentist's Name)

Signed: ____
Patient's Signature/Legal Guardian's Signature

According to rules set out by Manitoba Dental Association X-Rays are transferred on shared basis only. X-rays are to be returned to our office promptly after treatment is complete. We charge a fee for x-ray duplication and shipping (if applicable).