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1462 Regent Avenue West, Winnipeg, Manitoba R2C 3A8 (204) 504-5040 Fax (204) 505-1564

X-RAY RELEASE FORM

Send completed form to info@gwdfamily.com or by fax listed above.

DATE

PATIENT BIRTHDATE

I hereby request that my dental x-ray(s) be transferred from Greenwoods Dental Centre to

Location Email or Fax

This authorization permits Greenwoods Dental & Surgical Centres to authorize release of my information via email and fax to a third party without my consent;

Sign Here

According to rules set out by the Manitoba Dental Association, x-rays are transferred on a shared basis only. X-Rays are to be returned promptly after treatment is complete. Charges for duplicate forms and shipping may be applicable.

Always welcoming new patients, emergencies and walk-ins! Open 7 days a week! All insurances are accepted.

www.gwdfamily.com info@gwdfamily.com