

265 ENFIELD PLACE, SUITE R206  
MISSISSAUGA, ONTARIO L5B 3Y7  
TEL: (905) 848-2252  
E-MAIL: INFO@ENFIELDPLACEDENTAL.CA

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## CONSENT FORM FOR THE RELEASE OF DENTAL RECORDS

Date .....

Dear.....

I/We ..... hereby authorize the release of  
the following dental records of mine:

- Copies of any x-rays taken within the last 24 months.
- Copies of dental records outlining treatments provided to me during the past 12 months.
- Please include the date of last New Patient Examination: \_\_\_\_\_

Please forward via post mail, e-mail or by *CDA Secure Send*:

**Enfield Place Dental Centre**  
265 Enfield Place, Suite R206  
Mississauga, Ontario L5B 3Y7

Email: [info@enfieldplacedental.ca](mailto:info@enfieldplacedental.ca)  
CDA Secure Send dentist: Annette Simbulan

Thank you for your assistance.

.....  
Signature

.....  
Printed Name

.....  
Signature

.....  
Printed Name