Alliance Dental (Coldbrook) Inc.
214-7165 Hwy #1, Coldbrook, NS B4R 1A2
Phone: 902-679-1449
Fax: 902-679-1421
E-mail: infocb@alliancedental.ca

Date: _____

To: _____

Re: _____

DOB: _____

To ensure the accuracy and completeness or our dental records, we are requesting any radiographs and dental treatment history of your former patient, _____.

Below is our patient's consent to the release of these records.

I, _____, do hereby authorize the release of my dental records to Alliance Dental (Coldbrook) Inc.