



Dr. D.K Mittal Dental Corporation

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Send completed form back to us by either fax (listed above) or by email to info@greenwoodsdentalBC.com.

Date: _____

Name of Patient: _____

Date of Birth: _____

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

(Name of Dental Office and Dentist's Name)

by email to: _____

(Office Email) *Must be filled out for x-rays to be transferred

2.) **I hereby release Greenwoods Dental Centre from any liability, by sending any x-ray or personal information via regular email.**

Signed: _____

Patient's Signature/Legal Guardian's Signature

According to rules set out by the dental association, X-Rays are transferred on shared basis only.