
Date

Dear Sir/Madam:

RE: _____

The above - captioned patient has submitted for dental treatment in our office. In order to facilitate his/her treatment, we would request you to kindly forward his/her x-rays and/or other pertinent documents we may require to complete our records, to the following address, at your earliest convenience:

CITY DENTAL CENTER AT DANFORTH
2763 Danforth Avenue, Unit 4, Toronto, Ontario M4C 1L8

Mr./Ms. _____ has given consent for us to obtain his/her x-rays and other pertinent documents from your office by affixing his/her signature below.

Thank you for your prompt action and cooperation.

Yours sincerely,

**I hereby allow City Dental Center to
obtain the x-rays and/or other relevant
data as indicated above.**

Patient's signature

Date