

Dr. Mark B. Davenport Bsc DDS
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Transfer of Records

I _____, authorize Dr. _____ to release x-rays and all documents regarding my treatment and/or that of my family to:

Dr. Mark B. Davenport
Dr. Erin A. Gorman

Please provide the following information to assist in a smooth patient transition.

Date of New Patient Examination: _____

Date of last Recall Examination: _____

Date of last Bitewing X-Rays: _____

Date of last Panorex X-Rays: _____

Names of additional family members whose x-rays and information are to be released:

I release you from all legal responsibility or liability that may arise from this authorization.

Sincerely, _____

DATE: _____

WITNESS: _____