



21 Main St., Zurich, ON N0M 2T0

Phone: (519) 236-4341

Fax: (519) 236-7758

info@zurichdental.ca

www.zurichdental.ca

I authorize you to release the following information and records to:

ZURICH DENTAL

Patient Name: _____

DOB: _____

PLEASE LIST THE FOLLOWING DATES:

COE: _____

LAST RECALL: _____

BITEWINGS: _____

PAN: _____

PA'S: _____

PATIENT/LEGAL GUARDIAN SIGNATURE

DATE: _____