



28498 Centre Road  
Strathroy, Ontario  
N7G 3H6  
(519) 245-0751  
info@caradocdentistry.com  
Fax-519-245-0761

To Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize you to release the following information and records to

\_\_\_\_\_ Dr. Max Kemmerling

To continue the care you have provided this patient (family) in the past, would you kindly forward the following information.

Name of Patient & Date of Birth:

\_\_\_\_\_  
\_\_\_\_\_

1. Recent Bitewing, Panoramic, or Periapical radiograph(s) (Please provide copies or original radiographs taken within the last 2 years)

\_\_\_\_\_  
\_\_\_\_\_

2. Date of last initial examination/& complete oral exam (01103, 01102, 01101)

\_\_\_\_\_  
\_\_\_\_\_

3. Date of last Recall Exam/ & Recall interval

\_\_\_\_\_  
\_\_\_\_\_

4. Date of last scaling & polishing or periodontal therapy

\_\_\_\_\_  
\_\_\_\_\_

5. Any outstanding treatment

\_\_\_\_\_  
\_\_\_\_\_

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

Family Members \_\_\_\_\_

Thank-you.