

# Village Dental

## Record Release Form

4931 Dundas Street West  
Etobicoke, Ontario M9A 1A4  
Tel: 416-233-9638 Fax: 416-233-0617

I, \_\_\_\_\_, hereby request and authorize the release of my/my family's dental records and radiographs to Dr. Ramin Hassanein at the address below.

Signature \_\_\_\_\_

Please include:

1. A summary of all information pertinent to the above noted patient(s) for their continued treatment (photocopy of chart is acceptable).
2. Copies or original films from most recent full mouth series, panoramic films and films taken within the last 24 months.

So that we may continue to provide our patients with the same level of care that they are accustomed to, your cooperation with this request is greatly appreciated.

Best regards,  
Dr. Ramin Hassanein, D.D.S.  
Village Dental