

RELEASE FORM

Date: _____

I, _____ authorize the release of my dental records, x-rays, templates, and all other materials pertaining to my dental history to Dr. Natalie Abbott for treatment.

Signature _____

Please fax this completed form to:
Dr. Natalie Abbott at (416) 224-9610

Or deliver it to:
Abbott Dental Centre
90 Sheppard Avenue East, Suite 106
Toronto ON M2N 3A1