

**Dr. Jawad Tawil**  
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Date: \_\_\_\_\_

I \_\_\_\_\_ give permission for

Dr. \_\_\_\_\_ to release any medical/dental records and x-rays to  
the office of: \_\_\_\_\_ for the following family members:

Previous Office email address: \_\_\_\_\_

Previous Office phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Please include the dates of the last:   New Patient Exam:  
  Bite Wings:  
  Panorex:  
  Recall:  
  Periapicals:

All x-rays can be emailed to: [debbie@oakvilleimplants.com](mailto:debbie@oakvilleimplants.com)  
Thank you