**Dr. Jawad Tawil**
149 Kerr Street
Oakville, ON L6L 1M1
Phone #905-845-1031

info@oakvilleimplants.com

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:<br>Bite Wings:<br>Panorex:<br>Recall:<br>Periapicals: |

All x-rays can be emailed to: debbie@oakvilleimplants.com
Thank you