

Dr. Dan Foresto Family & Cosmetic Dentistry

3850 Dougall Ave. - Unit 3, Windsor, Ontario N9G 1X2
519-972-6148

Date

Dear Sir/Madam:

RE: _____

The above - captioned patient has submitted for dental treatment in our office. In order to facilitate his/her treatment, we would request you to kindly forward his/her x-rays and/or other pertinent documents we may require to complete our records, to the following address, at your earliest convenience:

DR. DAN FORESTO FAMILY & COSMETIC DENTISTRY
3850 Dougall Ave. - Unit 3, Windsor, Ontario N9G 1X2

Mr./Ms. _____ has given consent for us to obtain his/her x-rays and other pertinent documents from your office by affixing his/her signature below.

Thank you for your prompt action and cooperation.

Yours sincerely,

I hereby allow Dr. Dan Foresto Family & Cosmetic Dentistry to obtain the x-rays and/or other relevant data as indicated above.

Patient's signature

Date