



Request for the Release and Transfer of Records

To (dentist name):

Date:

Name(s) of patient(s):

Signature(s):

I/We authorize the release and transfer of my/our records to Dr. Liu/Dr. Suljak.

Please forward pertinent charting along with any radiographs taken within the past 24 months and any panorex you have on file.

*******For each record, please provide us with the dates of last recall exam and when the new patient exam was done.*******

We welcome records and radiographs in electronic format. Please email them to:
reception@DentistryAtUniversityDowns.com

Thank you.

Drs. Liu & Suljak
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Waterloo, ON, N2K 4C9
www.DentistryAtUniversityDowns.com