

**SOUTH BOLTON DENTAL CENTRE
DR. F. DI TULLIO & DR. J. BRILL
40 MCEWAN DRIVE UNIT #5
BOLTON, ONTARIO
L7E 2Y3
TEL: 905.857.2155
FAX: 905.857.2159
EMAIL: southboltondental@bellnet.ca**

X-RAY RELEASE FROM OUR OFFICE

Patient name (1) _____

Date of Birth _____

Patient name (2) _____

Date of Birth _____

Patient name (3) _____

Date of Birth _____

Patient name (4) _____

Date of Birth _____

I authorize your office to please release a copy of my dental X-rays and copy of dental chart to the above address.

Signature _____

Date _____