



**SCOTTSDALE DENTAL CENTRE**  
 FARHAN AHMAD, D.D.S. AND ASSOCIATES  
 630 SCOTTSDALE DRIVE, GUELPH, ON N1G 3M2  
 TEL: (519) 836-5110 FAX: (519) 836-4565  
 SCOTTSDENT@GMAIL.COM

**X-rays and Dental Records Release Form**

Attention: \_\_\_\_\_ (Name of previous Dentist/Dental Clinic)  
 \_\_\_\_\_ (Phone, Fax or E-mail)

I authorize the release of dental records, including medical and dental history, treatment records, and radiographs for the following patient(s) to the office of Dr. Farhan Ahmad and Associates (Scottsdale Dental)

1. Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
5. Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Records Requested w/ Dates**

Patient Name	Bitewings	PAN	FMX	New Patient Exam	Last Recall

**Please forward all requested information to:**

**scottsdent@gmail.com  
 Scottsdale Dental Centre  
 630 Scottsdale Drive  
 Guelph, ON N1G 3M2**

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_