



## **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. Suljak/ Dr. Scolieri.

**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](mailto:reception@DentistryAtUniversityDowns.com)**

Thank-you.

Drs. J Suljak & N. Scolieri  
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