

# PATIENT RELEASE INFORMATION

## PATIENT INFORMATION

**Patient name**

Lilla Horvath

I'm signing on behalf of the Patient.

**Legal representative or guardian**

Lilla Horvath

**Nature of legal relationship with the patient**

Xoxoxo

The above patient has come to our office for continuing dental care. Kindly forward dental information with recent radiographs.

## DENTIST INFORMATION

**Dentist name****Dentist address**

418 Buchanan Ave  
New Westminster, BC V3L 3Z7  
Canada

**Dentist phone**

7783552170

**Date of last new patient exam**

2020-12-17

**Date of last new recall exam**

2020-12-10

**Date of last bitewing radiographs**

2020-12-10

**Date of last panorex radiographs**

2020-12-09

**Date of last hygiene appointment**

2020-12-09

## AUTHORIZATION

**Consent**

Consent not given.

**Signature**