auroradentalcentre

Request of Patient Records

visit our video website at auroradentalcentre.com

Date:

Dr: _____

Re: Request for Patient Records

To Whom It May Concern:

I (Mr./Mrs./Ms./Miss/Dr.) _____ here by request and authorize the release of my / my family's dental records and radiographs to Dr. Doki Hwang and Dr. Jun Sung Park of the Aurora Dental Centre.

Signature: _____ ***Date:*** _____

Patient or Parent / Guardian

To the Dentist:

After RCDSO Guidelines:

Patients have the right of access to a copy of their complete dental records. Please honour the above request in a timely manner by forwarding:

- A summary of all information with the above patient's continued treatment (chart photocopy is acceptable)
- Copies of original films of most recent full mouth series, panoramic film and film taken within the last 24 months.

This is so we can provide our patients with the same level of care they have been accustomed to.

Your co-operation is greatly appreciated.

Thank you.

Kind Regards,
Dr. Doki Hwang
Dr. Jun Sung Park

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