



North Main Family Dental X-Ray Release Form

Due to some insurance companies only covering x-rays in a specific time frame please ask your old dental Clinic to email or fax any bite wing x-rays under **a year** old and any panorex under **three years** old. Please fill out the information below and email or fax back to your old Dental Clinic.

Name of releasing dental clinic:

Patient name:

DOB (MM/DD/YYYY):

I authorize and request a copy of my dental x-rays to be released to:

North Main Family Dental

#108, 400 Main Street North

Airdrie, AB T4B 2N1

Phone: 403.980.0056 Fax: 403.980.1296

Email: office@northmainfamilydental.ca

Signature (if minor, have parents sign)



Date