



Dr. Maneesh Jain and Associates
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Jain Dental Care

Consent to Release

The following patient(s) has an appointment at our office on _____

Previous Dental Office: _____

Phone: _____ Fax: _____

Name of Patient: _____ Signature: _____

Name of Patient: _____ Signature: _____

Name of Patient: _____ Signature: _____

Name of Patient: _____ Signature: _____

Please forward to our office the following information pertaining to patients listed above.

1. Copies of last bitewing x-rays.
2. Copies of full mouth series/pan if taken within last 5 years.
3. Date of last recall.
4. Date of last comprehensive oral exam.
5. Any important information that would aid in treatment such as referral to specialists, pathology reports, etc.

Thank you for your co-operation in the transition of patient information.