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## (For Previous Signal Hill Dental Patients Coming to West Market Dental)

### PATIENT CONSENT FORM FOR THE DUPLICATION AND RELEASE OF XRAYS AND CHART

(One Form Per Adult)

Date \_\_\_\_\_

I, \_\_\_\_\_, hereby grant West Market Dental permission to  
(Patient's Printed Full Name)

request my x-rays and chart to be sent to this office from Signal Hill Dental Centre. Once duplicates of the x-rays and chart are made, the original chart and duplicate x-rays will be promptly sent back to Signal Hill Dental Centre.

Patient's Signature: \_\_\_\_\_  
(or Legal Guardian if patient is under 18)

Printed Name of Guardian (if applicable): \_\_\_\_\_

Relationship of Guardian to Patient (if applicable): \_\_\_\_\_

Specific Materials Requested: All written records and radiographs

Printed Name of Witness: \_\_\_\_\_  
(Witness must be over the age of 18)

Signature of Witness: \_\_\_\_\_