



Dr. Sara Sameri
858 Brock Street N
Whitby, Ontario
L1N 4J5
905-668-3884
brockstarrdentalcare@gmail.com

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

Dr. _____

Address: _____

Phone Number: _____

Fax Number: _____

I hereby authorize you to transfer my/our dental records and associated records to the office of
Dr. Sara Sameri, Brock Starr Dental Care.

Kindly Forward the following information:

Date of completed initial exam: _____

Last Recall Examination: _____

Last Scaling / polishing: _____

Last BW's, Panorex, FMS _____

Any other pertinent information they may require including pending treatment, etc.

Patient Name(s): _____

Signature

Date