

WINDWOOD DENTAL
3080 Windwood Dr. #1
Mississauga, Ont.
L5N-2K5
T: 905-813-4435
F: 905-813-9573

Dr. _____ at _____:
(name) (office)

I authorize x-rays and previous records to be released to Dr. K. Rajput at Windwood Dental for:

Please email windwooddental@gmail.com as the patient is currently being treated in our clinic.

Sincerely,

Dr. Khuram Rajput
Windwood Dental

Patient Signature: _____