Westbrook Dental Centre

1200 37th Street S.W. Calgary, AB T3C 1S2 T-403-249-5536 F-403-246-5648 Dr. Scot Campbell*
Dr. Todd Cook*
Dr. Ralph Dubienski*

Authorization for Release of Records

I			hereby authorize	
or	employees of		to release	the following information regarding my
der	ntal records to	Westbrook Dental Centre.		
Ra	diographs:			
		Signature of	Patient (parent/	guardian)
			Witness	
			Date Signed	
	Westbrook I	Dental Centre contact:		