

Byronwood Dental Office

Dr. Jeffery L. Edwards Dentistry Professional Corporation

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Information Release

To Dr. _____

I authorize you to furnish all dental records (X-Rays and history) of:

(Name(s) of patient (s))

To: Dr Jeffery Lee Edwards (Dentist receiving records)

I release you from all legal responsibility or liability that may arise from this authorization.

Dated _____ 20____, at London, Ontario

Signed _____

Witness: _____