Dr. P. K. Bains
2556 Guardian Road NW
Edmonton, Alberta T5T 1K8
Phone: (780) 414-5882
info@lewisestatesdental.com

Lewis Estates Dental Centre

REQUEST FOR RELEASE OF RECORDS

Date: _____

Attn: _____

Fax/Email: _____

In compliance with the requirements of the Province of Alberta's *Personal Information Protection Act* (PIPA) and/or the federal governments *Protection and Electronic Documents Act* (PIPEDA), please find the following:

I permit the release of dental records including radiographs (x-rays) for myself, and/or my dependants, to:

Dr. Pushpinder K. Bains
Lewis Estates Dental Centre
2556 Guardian Rd NW
Edmonton AB
T5T 1K8

Please email digital records to: info@lewisestatesdental.com.

This permission remains valid until it is revoked in writing by the authorized signee.

NAME: _____

DEPENDANTS: _____

_____

_____

_____

SIGNATURE: _____

NAME OF PATIENT/GUARDIAN: (*Print*)_____

DATE: _____