



East Credit Dental Center
5100 Terry Fox Way
P. 905.997.6453
F. 905. 567.5207
E. office@99smile.ca

To Dr. _____

Patient: _____

We at Dr. Tracogna's office and the above named patient would like to thank you for the care you have shown in the past. In order for our office to maintain the same level of care, we would appreciate you emailing all recent x-rays and relevant dental information for the past two years, if you have any panorex x-rays that were taken in the last 5 years could you please forward them as well.

I, hereby authorize the release of my dental records of myself to the above named dentist.

Signed _____

Thank you in advance for your cooperation.

Regards,

Dr. Robert Tracogna D.D.S

***** Please note we are a paperless office, emailed is preferred at office@99smile.ca*****