



**Green Door**  
DENTAL

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**Dr. Daniel Zigler  
780 Kingston Road Suite B8  
Pickering , Ontario  
L1V 1A8  
289-608-8489**

**Email: [greendoordental@gmail.com](mailto:greendoordental@gmail.com)**

Date: \_\_\_\_\_

I \_\_\_\_\_ am requesting to have my Original and/or duplicates of dental radiographs and clinical records including clinical notes forwarded to the above office. Please ensure that all radiographs are dated.

Also please provide the office with my last treatment dates for:

01103 \_\_\_\_\_  
02102 \_\_\_\_\_  
02601 \_\_\_\_\_  
01202 \_\_\_\_\_

I give my permission to have this done within a timely manner,

Thank you for your co-operation,

\_\_\_\_\_  
**Patient signature**

Additional notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_