DR. DAVID A. GARDNER
Dental Surgeon
-
Suite 250 - 1333 Sheppard Avenue East
Willowdale, Ontario
M2J 1V1
416-494-7412

Date:

To:

I authorize you to transfer any dental records, including radiographs and correspondence, to Dr. David Gardner.

Signature _____

Name (print) _____

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

Signature _____

Name (print) _____

Witness Signature _____

Witness Name (print) _____