

**SIERRA SPRINGS
DENTAL CLINIC**

Sierra Springs Dental
Suite 103 2821 Main Str S.W
Airdrie, AB T4B 3S6
Phone : 403-945-4555
Fax : 587-775-8905

To Whom it May Concern:

I, _____ have authorized a request for
all pertinent dental records from _____ to
be released to Sierra Springs Dental Centre.

Please email current xrays to :
sierraspringsdentaloffice@gmail.com

Thank you.

Patient/ Guardian Signature

Date