

# PROMENADE COURT DENTAL HEALTH GROUP

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SKARIAH DENTISTRY PROFESSIONAL CORPORATION  
HANS P. SKARIAH B.SC., DMD AND ASSOCIATES

## RE: Request for Records

Dear Dr. \_\_\_\_\_,

\_\_\_\_\_ has recently become a patient in our office. Kindly forward any recent radiographs and records you may have. All documents will be kept on file indefinitely should you require them in the future.

Sincerely,

Dr. Hans Skariah and Associates

### **Patient Authorization:**

I authorize the release and request the above records be sent to the Promenade Dental Health Group on my behalf.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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PROMENADE DENTAL HEALTH GROUP  
2233 HURONTARIO ST, MISSISSAUGA, ON, L5A2E9. PHONE: (905) 273-7100