

*Dr. Beth Nixon*  
*Family Dentistry*  
Office: (905)331-8888 F: (905) 331-9596

**RELEASE OF PATIENT RECORDS**

I, \_\_\_\_\_, request that Dr. \_\_\_\_\_  
forward my radiographs to Dr. Beth Nixon Family Dentistry and Associate  
Dr. Jenny Kim to [infodrbethnixon@gmail.com](mailto:infodrbethnixon@gmail.com) (jpeg file please), or send to:

1-1821 Walkers Line  
Burlington, On  
L7M 0H6

If you could kindly include the most recent radiographs (BW, PA, PANOREX)  
taken within the past 12 months and appointment history below.

Date of Last Recall: \_\_\_\_\_

Bitewings: \_\_\_\_\_

Panorex/FMX: \_\_\_\_\_

Date of Complete Oral Exam: \_\_\_\_\_

Thank you!

\_\_\_\_\_  
Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Beth Nixon

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Jenny Kim

\_\_\_\_\_  
Date