

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

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**RELEASE OF PATIENT RECORDS**

I, \_\_\_\_\_, request that Dr. \_\_\_\_\_  
forward my radiographs to Dr. Beth Nixon Family Dentistry 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) and  
appointment history below.

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

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

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

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

Thank you!

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

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Dr. Jiyun Kwon Date

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