

**Ph:** 403-239-0010 **Fax:** 403-239-0011 **Email:** tuscdent@telus.net

Tuscany Dental Centre  
2078, 11300 Tuscany Blvd NW  
Calgary AB T3L 2V7  
Ph# 403-239-0010  
Fax: 403-239-0011  
Email: [tuscdent@telus.net](mailto:tuscdent@telus.net)

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

This letter is to request x-rays be released from  
Dr. \_\_\_\_\_

For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or authorized Dr Cam Brauer and /or Dr Scott Townsend to forward any requested x-rays

Thank you,

\_\_\_\_\_  
Patient / Parent / Guardian Name