Tuscany Dental Centre
2078, 11300 Tuscany Blvd NW
Calgary AB T3L 2V7
Ph# 403-239-0010
Fax: 403-239-0011
Email: info@tuscanydental.com

Date: _____

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

For: _____

_____

_____

Or authorized Dr Cam Brauer and /or Joubin Saffary to forward any requested x-rays

Thank you,

_____

Patient / Parent / Guardian Name