



Dr. Reymarie Yabut, DMD

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DrYabutSmile.com

Our Goal is Healthy Teeth and Gums for the Whole Family!

Dear Dr. _____, I hereby consent to, authorize and request the release of my/our dental records and any radiographs to Dr. Reymarie Yabut.

Family members to be transferred: (1) _____ (2) _____
(3) _____ (4) _____

Date of last Comprehensive Oral Exam: (1) _____ (2) _____
(3) _____ (4) _____

Date of last FMX/PAN: (1) _____ (2) _____
(3) _____ (4) _____

Date of last Recall and Bitewings: (1) _____ (2) _____
(3) _____ (4) _____

Signature of Patient/Parent/Guardian: _____

Print Name: _____

Date of Birth: _____

Date: _____

Please e-mail information and radiographs to info@DrYabutSmile.com.

Thank you very much and hoping for your immediate response regarding this matter.