Blackburn
Dental Centre Dentaire

2514 Innes Road
Ottawa, ON
K1B 3J9
(613)824-3478
Fax: (613)824-4796
Email: reception@blackburndental.ca
Website: www.blackburndental.ca

FILE TRANSFER/TRANSFERT DE DOSSIER

- I request that all my current records be forwarded to the Blackburn Dental Centre, at the above address.
- Je demande que mon dossier dentaire soit transfere au Centre Dentaire Blackburn A l'adresse mentionnee ci-dessus.

Current Dental Clinic:

Name of previous Office + Dentist: _____

Clinic Phone + address: _____

***Clinic email (required):** _____

Date of last scale: _____ last polish: _____ last fluoride: _____

Last BW: _____ **last PAN:** _____ last perio charting: _____

Specialist Office / Ortho Office:

Name of previous Office + Dentist: _____

Clinic Phone + address: _____

***Clinic email (required):** _____

Date of last scale: _____ last polish: _____ last fluoride: _____

Last BW: _____ **last PAN:** _____ last perio charting: _____

Patient Name/Nom: _____

Date of Birth/Date de Naissance: _____

Address/Adresse: _____

Your truly/Sincerement

Signature: _____ Date: _____