



*Dr. Nadia Filice Dentistry Professional Corp*

I, \_\_\_\_\_ hereby authorize the Doctors and staff at  
\_\_\_\_\_ to release dental records and radiographs to

**Dr. Nadia Filice Dentistry Professional Corp**  
**108-2247 Rymal Road East**  
**Stoney Creek, Ontario**  
**L8J 2V8**

*\*Please email any digital radiographs to [info@filicedental.ca](mailto:info@filicedental.ca)*

**Please include records for the following family member(s):**

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**01103:** \_\_\_\_\_

**01202:** \_\_\_\_\_

**02601:** \_\_\_\_\_

**02144:** \_\_\_\_\_

**01202:** \_\_\_\_\_

**Patients Signature:** \_\_\_\_\_

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

**Witness Signature:** \_\_\_\_\_