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**Dr. Lisa Bentley**

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Mississauga, Ontario L4Z 4C4  
Telephone: 905-277-5151  
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**REQUEST FOR TRANSFER OF RADIOGRAPHS**

TO:

I \_\_\_\_\_ hereby request the transfer of my radiographs be sent to the office of Dr. Lisa Bentley at 4310 Sherwoodtowne Blvd, Suite 301, Mississauga, Ontario, L4Z 4C4 (905) 277-5151 or emailed to: [drlisab.dentistry@bellnet.ca](mailto:drlisab.dentistry@bellnet.ca).

PATIENT DATE OF BIRTH: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_

SIGNATURE OF PATIENT: \_\_\_\_\_

RADIOGRAPHS LAST TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LAST FULL EXAM TAKEN: \_\_\_\_\_