

Midtown Plaza Dental  
201 – 1 Midtown Blvd. SW  
Airdrie, AB, T4B 4E7



**AIRDRIE 8TH  
STREET DENTAL**

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

I, \_\_\_\_\_, give Midtown Plaza Dental and Dr. Rahul Mathur  
consent to receive any or all of my x-rays from the office of my choice.

These will be released from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patients name: \_\_\_\_\_

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