

DR. BRUNO PALIANI

COSMETIC AND
GENERAL DENTISTRY
FOR TEENAGERS
AND ADULTS

SMILE ENHANCEMENTS
AND EXTREME
SMILE MAKEOVERS

SMILE SERVICES

PORCELAIN VENEERS

PORCELAIN CROWNS

INVISALIGN™

ANGELLIFT™

PEAK™ TEETH WHITENING

ESTHETIC BRIDGES

TOOTH-COLOURED

INLAYS/ONLAYS

ONE-APPOINTMENT BONDING

TOOTH-COLOURED FILLINGS

ESTHETIC DENTURES

ESTHETIC IMPLANTS

Information Release / Transfer of Records

Dear Dr. Paliani,

I authorize you to furnish any dental records of _____.
(name of patient(s))

Specifically requesting:

- Radiographs within three years (PAN, FMS, BW's, others)
- Record of all completed treatments
- Completed charting including periodontal charting
- Other _____

to _____.

I release you from all legal responsibility or liability that may arise from this authorization.

(Signature of patient/guardian)

(Date)

(Signature of witness)

(Date)

Beautiful Healthy Smiles