



Dr. Robert Sims DMD  
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I, \_\_\_\_\_,  
(Your Name)

give \_\_\_\_\_,  
(Previous Dentist/Office)

permission to forward my radiographs (dental x-rays) and other chart information requested to Irwin Dental.

\_\_\_\_\_  
(Your Signature)

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

Please fill out and take this form to your current or most recent dental office. Please ask them to send your most recent x-rays to us here at Irwin Dental, so that we can be ready for your appointment. Previous x-rays to help us with our diagnosis, even though we may still need to take new ones. This also has the added benefit of possibly saving you money, because we need x-rays for diagnosis, and if you have had them recently, your insurance may not cover new ones.

Radiographs can be sent to:

Irwin Dental (Drs. Robert Sims, Michael Conway, and Andrew Irwin)  
#3-9331 Mary St.  
Chilliwack BC  
V2P 4H3

or e-mailed to:

info@irwindental.com