



HEALTH & BEAUTY DENTISTRY
BY DR. SHAUNA PALMER

REQUEST FOR PATIENT RECORDS

I _____, DO HEREBY REQUEST THAT MY

- MOST RECENT DENTAL PANORAMIC & BITE WING X-RAYS
- SLEEP STUDY RESULTS / OXIMETRY REPORT

BE FORWARDED TO: Dr. Shauna Palmer for addition to my file at her office.

Date of birth: _____ Phone : _____

Address: _____

PATIENT SIGNATURE _____

DATE _____

Office to request records from: Dr: _____

Dr: _____

Dr. Shauna Palmer
2446 Main Street
West Kelowna, BC
V4T 2W1

phone: 250-768-3984
fax: 778-754-8102
reception@healthandbeauty.dentist
www.drshaunapalmer.ca