Provincial Dental Board of Nova Scotia



Personal & Confidential

Dr. Martin R. Gillis, Registrar

Provincial Dental Board of Nova Scotia

Suite103

210 Waterfront Drive

Bedford, NS B4A 0H3

Fax: 902-492-0301

 CONSENT TO RELEASE OF INFORMATION

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, hereby give consent for the Provincial Dental Board of Nova Scotia to provide the **­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**any information requested, by the Office of the Registrar concerning my licensure with the province of Nova Scotia including any formal disciplinary action by the Provincial Dental Board.

Signature Witness (sign)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Witness (print name)

Please provide complete mailing address for the Letter of Good Standing.