

Dr. Larry Goldstein B.A. D.D.S

4841 Yonge St. Suite 237

Toronto, Ontario

M2N 5X2

Tel: 416 224-8300

Fax: 416 224-1466

Dear Dr. _____

_____ has recently enlisted in our services. I understand you have recent radiographs/records which may assist us. Would you kindly forward copies of what you feel may be of use. Furthermore, please provide us with the following information to assist in a smooth patient transition.

Date of new Patient Examination: _____

Date of Last Recall Exam _____

Date of Prophylaxis and Fluoride Treatment _____

Date of last Full mouth X-rays _____

Date of last Bitewing X-rays _____

Please send recent duplicated x-rays as well.

Thank you for your assistance.

I hereby authorize the release of my dental records and radiographs to Dr. _____

Dated: _____

Signed: _____

Print Name: _____