

Dr. Larry Goldstein B.A. D.D.S.
4841 Yonge St. Suite 237 Toronto, Ont M2N 5X2
Tel: 416-224-8300 Fax: 416-224-1466
lgdental@rogers.com

Dear Dr. _____

_____ has recently
enlisted in our services. I understand that you have recent
records/radiographs which may assist us. Would you
please forward copies under two years to assist in a
smooth transition. Furthermore, please provide the
following information:

Date of New Patient Examination _____

Date of Last Recall Examination _____

Date of Last Prophylaxis & Fluoride treatment _____

Date of Last Full Mouth Series of Xrays _____

Date of Last Bitewing Xrays _____

Thank you for your assistance.

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

Dated: _____

Signed: _____ Print Name: _____