

Name of the Requesting Dentist: _____

WE HAVE ENCLOSED RECORDS FOR THE FOLLOWING:

Patient's Name: _____

D.O.B.: _____

Last Visit Date: _____

Last Hygiene Visit: _____

Recall Interval: _____

X-RAYS ENCLOSED: FMX _____
Pan _____
BW's _____
PA's _____
None _____

COMMENTS: _____

Please feel free to contact our office if we can be of further assistance!

Thanks You! Date: _____ Initials: _____