

Dear Dr: \_\_\_\_\_

Mr/Mrs \_\_\_\_\_ and their Children \_\_\_\_\_

Have requested that his/her x-rays to be forward to our office. The most recent Bitewings, Periapical, Panoramic X-ray and FMS would be appreciated as well as the date of last Complete Oral Exam, Recall.

\_\_\_\_\_ agrees to this request. Please forward at your earliest convenience.

Regards,

MEWADOWVALE DENTAL GROUP

DR. HANNA - DR. PARK - DR SOOTA

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_