



Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Your former patient, \_\_\_\_\_ requested that you release all records and X-rays and forward them to our office for our files.

Please have Dr. \_\_\_\_\_ review the records and make notes which may be assistance to us.

- Copies of latest BW dated \_\_\_\_\_ PANO \_\_\_\_\_ or FMX dated \_\_\_\_\_ enclosed
- X-rays not enclosed \_\_\_\_\_ patient refused \_\_\_\_\_ BW over a year
- Last recall prophy and exam was on \_\_\_\_\_
- Recall frequency of \_\_\_\_\_ months has been recommended
- Periodontal problems have been notes in these areas: \_\_\_\_\_
- Periodontal charting included from:
- Consultation with periodontist recommended: Dr. \_\_\_\_\_
- Pulp cap or deep restorations noted on teeth # \_\_\_\_\_
- Endodontic therapy has been recommended # \_\_\_\_\_ and/or performed # \_\_\_\_\_ on \_\_\_\_\_
- Consultation with Orthodontist has been \_\_\_\_\_ recommended to Dr. \_\_\_\_\_ and was completed on \_\_\_\_\_
- Extractions were recommended for teeth # \_\_\_\_\_
- Restorative services have been recommended but not performed on # \_\_\_\_\_
- Crowns were recommended for teeth # \_\_\_\_\_
- Fixed bridges were recommended to replace teeth # \_\_\_\_\_
- Removable full/partial dentures have been advised: \_\_\_\_\_ Max \_\_\_\_\_ Mand
- Relines have been advised \_\_\_\_\_ Max \_\_\_\_\_ Mand
- Other concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dr or assistant name and signature: