

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

The following patients(s) have recently transferred to our office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email the following information and any radiographs taken within the last year, and/or any full mouth series or panorex taken within the past three years. Our email address is **info@stjacobsdentalcare.ca**

Date of last New Patient Exam or Complete Exam: \_\_\_\_\_

Date of last Recall: \_\_\_\_\_

Date of last PAN: \_\_\_\_\_

Date of last BWs: \_\_\_\_\_

Date of last PAs and/or Full Mouth Series: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of my (our) dental records and radiographs to St. Jacobs Dental Care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date