

BARLOW•SMISEK

D E N T I S T R Y

Dear Dr.

The following patients (_____)
have recently joined our dental practice. It is our understanding that they were
previously patients in your office. To assist us in providing them the most
comprehensive care could you please release the following information:

Date of most recent recall appointment

Date of most recent New Patient Exam

Copies of any referral notes from specialists

Date of and copies of most recent Bite wing radiographs
 Panorex radiograph
 Full mouth series

Any other important information

Thank you

Drs. Barlow and Smisek

Signature of Patient _____

Date sent to Previous Dentist: _____

Date received in our office: _____