

Date: _____

Dear Dr. _____:

_____ is now receiving dental care in our office. Would you please forward the patient's dental records including the latest full mouth radiographs and any other recent films (BW's and PA's) to our office.

*If digital radiographs are available, dexis format (.dex) and individual films are most appreciated.
Please e-mail them to: smiles@radiantsmilesrh.com*

Your cooperation is appreciated.

Sincerely,

Thaddeus S. Michalski D.M.D.

Would you please send my dental records and x-rays to the office of Radiant Smiles of Rocky Hill at:

15 Rhodes Road
Rocky Hill, CT 06067
(860)563-4544 Fax (860)563-3294

Patient's Signature