Caradoc Dentistry

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To Dr. _____ Phone: _____

I authorize you to release the following information and records to

☐ Dr. Max Kemmerling ☐ Dr. Alex Harris ☐ Dr. Dylan Sharma

To continue the care you have provided this patient (family) in the past, would you kindly forward the following information.

Name of Patient & Date of Birth:

1. Recent Bitewing, Panoramic, or Periapical radiograph(s) (Please provide copies or original radiographs taken within the last 2 years)

2. Date of last initial examination/& complete oral exam (01103, 01102, 01101)

3. Date of last Recall Exam/ & Recall interval

4. Date of last scaling & polishing or periodontal therapy

5. Any outstanding treatment

Patient Signature_____

Date: _____

Family Members_____

Thank-you.