



ERINGATE
DENTAL
CLINIC

450 Rathburn Road, Toronto, Ontario M9C 3S6
T: 416-695-9372
F: 416-695-8150
smile@eringatedental.com
www.eringatedental.com

Have Healthy Teeth and Gums for Life

REQUEST FOR RECORDS

Date: _____

Patient Name: _____

Previous Dental Office: _____

I, _____, would like to thank you for the dental care you had provided and ask that in order to preserve the continuity of care, that you forward the clinical records and all current radiographs to Eringate Dental Clinic.

Digital x-rays and records can be forwarded to: smile@eringatedental.com

Please provide the dates of the following:

Radiographs/Panorex _____

Recall Exam _____

Last Scaling _____

Polishing _____ Fluoride _____

Initial Exam 01103 _____ 02102 _____

Thank you,

Patient's Signature: _____

Good health to you and your household ...