



Date

To Whom It May Concern:

Our mutual patient \_\_\_\_\_ has authorized the release of any recent x-rays (FMX or PANO in the last 5 years or BWX in the last 2 years), recent periodontal charting and any other pertinent dental or health information to our office.

Please forward the information to our office as soon as possible as our patient has an appointment scheduled on \_\_\_\_\_.

If you have any questions or concerns, please feel free to contact me.

Thank you,

Theresa Sculley  
New Patient/Hygiene Coordinator

Patient Signature \_\_\_\_\_ DOB \_\_\_\_\_

4150 California Ave. SW  
Seattle, WA 98116  
206-935-1855 phone  
206-937-3996 fax