



Schomberg
DENTAL

250 Main Street, Box 144
Schomberg, Ontario
L0G 1T0

Office (905) 939-2528
Fax (905) 939-2592

Previous Dental Office: _____
Telephone: _____
Fax: _____

Re:

Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We have recently welcomed the above patient(s) to our office.

Please forward radiographs taken in the last two years and the most recent panellipse as well as any pertinent dental records that may assist us in continuing to provide excellent care. Digital radiographs may be emailed to info@schombergsmiles.ca

Last Recall/polish/fluoride:
Last dental hygiene visit:
Last NPE:

Last BWs:
Last FMS:
Last PAN:

Sincerely,

Schomberg Dental