

DENTISTRY ON WELLINGTON™

Dr. Manish Thapar Dr. Muneeb Ali Dr. Albert Tan Dr. Heliya Ziai

Dear Dr: _____

Phone #: _____

Fax #: _____

Patient's Name: _____

Please release the following and send to the address below:

- Any full mouth series
- Bitewing x-rays and PAs taken within the last 2 years
- Any available panoramic x-rays

Please provide the following information:

- Initial exam (01103, 01102, 01101)
- Date of last full mouth series
- Date of last Recall Exam
- Last scaling/polishing

Patient Signature: _____

Date: _____

DW.

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