



PAUL VARTABEDIAN, DDS

Prosthetic, Cosmetic & Implant Dentistry

YOUR SMILE. OUR PASSION.

Date: _____

Patient Name: _____

Dear Doctor _____

A former patient of your office has requested that you transfer records to our office for the above-named patient. In the interest of quality dental care, we hope to continue the service that you provided. We hope that you can forward the following information. (Please check all that apply.)

- Patient's last hygiene visit: _____
 - Has the patient received periodontal care over the last 24 months within your office (either scaling & root planing, soft tissue therapy or supportive periodontal therapy)?
Date of last perio charting: _____
 - X-rays on file (a full mouth series is recommended or BW's)
 - Has patient postponed/not completed recommended treatment?
 - Patient has uncompleted treatment in the area of _____
 - X-rays are enclosed (types and dates): _____
 - Other important information: _____
- _____
- _____

Please feel free to call if you have any questions!

Thank you,

Paul Vartabedian, D.D.S.

Member American College of Prosthodontics

Member American Dental Association

Member California Dental Association

Patient Signature:

Date: