



PAUL VARTABEDIAN, DDS

*Prosthetic, Cosmetic & Implant Dentistry*

YOUR SMILE. OUR PASSION.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Dear Doctor \_\_\_\_\_

A request has been made for us to transfer records to your office for the above-named patient. In the interest of quality dental care, we are forwarding the following information:

- Patient's last hygiene visit: \_\_\_\_\_
- Patient has 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 periodontal visit: \_\_\_\_\_
- The x-rays of file are outdated and a new full mouth series is recommended, last FMX was \_\_\_\_\_
- Patient has 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: