



Dear Dr. _____:

_____ is now receiving dental care in our office. Would you please forward the patient's dental records including the latest full mouth radiographs and any other recent films (BW's and PA's) to our office via email to *smiles@michalskidmd.com*

Your cooperation is appreciated.

Sincerely,

Thaddeus S. Michalski D.M.D.
15 Rhodes Road
Rocky Hill, CT 06067
Phone (860)563-4544
Fax (860)563-3294

Patient's Signature