

Date: _____ Previous Dentist: _____

To Whom It May Concern:

_____ is now seeking dental care in our office. At this time the patient requests their records be transferred to:

Eastgate Dental

(Drs. Ellen Reh, Donald Stewart & Julie Johnson)

14950 SE Allen Road #C

Bellevue, WA 98006-1655

Specific information we'd like:

- Date of last prophylaxis
- Copy of perio chart
- Copy of all radiographs

If you have any further information regarding this person which may assist us in providing the highest quality of care, please include it when responding to this request.

Thank you for your timely attention!

Patient's Signature: _____

Thank you from Eastgate Dental

info@Eastgatedental.com Phone: 425-746-2038 Fax: 425-746-0915