



RECORDS TRANSFER

We have decided to have our child (children), _____, seen by another dentist. Please forward copies of their dental records and radiographs (x-rays) to:

Simply Pediatric Dentistry & Orthodontics

100 Bridge St

Pelham, NH 03076

Thank you for your immediate attention to this matter.

Sincerely,

Print Name _____

Signature _____

Date _____

PLEASE SEND RECORD TRANSFER TO PREVIOUS DENTIST. THANK YOU.

100 Bridge Street, Pelham, New Hampshire 03076