

Murray Dental Care
10055 Miller Avenue, Suite 104
Cupertino, CA 95014
(408)253-5277
info@murraydental.com

Anne E. Murray, DDS

Date: _____

To: _____

A current patient of yours, _____, will be coming to our practice for continued dental care.

I am requesting that a copy of the patient's dental history treatment record, a copy of the last full mouth x-ray series, a copy of any incomplete treatment plans, a copy of periodontal chart (pocket depth probing if applicable), and a copy of the last bite-wing films taken, be sent to Murray Dental Care as soon as possible. Please call if you have any questions. The items listed above can be sent to: info@murraydental.com.

Thank you,

Anne Murray DDS

I hereby authorize release and request transmittal of my records to Murray Dental Care.

Date: _____