



**North Woodbridge**

**DENTAL**

10375 Weston Rd., Unit 1C  
Vaughan, Ontario  
L4H 3T4

Office (905) 417-1113  
Fax (905) 417-6442

Previous Dental Office: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Re:

Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We have recently welcomed the above patient(s) to our office.

Please forward radiographs taken in the last two years and the most recent panellipse as well as any pertinent dental records that may assist us in continuing to provide excellent care. Digital radiographs may be emailed to [woodbridgesmiles@gmail.com](mailto:woodbridgesmiles@gmail.com)

Last Recall/polish/fluoride:  
Last dental hygiene visit:  
Last NPE:

Last BWs:  
Last FMS:  
Last PAN:

Sincerely,

North Woodbridge Dental