

## Records Transfer

To:			
Patient:		Date of Birth:	
	Latest Complete X-Ray Series Panoramic X-Ray Other	No Current X-Ray Available Your Office May Keep The X-Rays Please Return X-Rays	
Last seen ir	our office:		
Last prophy	ylaxis and fluoride treatment:		
Oral Hygie	ne:		
Caries incid	dence:		
Trauma:			
Restorative	treatment completed in our offic	e:	
Behavior:			
		Local Anesthetic:	
Nitrous Ox	rous Oxide: Day Surgery:		
Please give Thank you,	us a call if you have any questio	ns.	

Shawna Billick-Gerling D.D.S.