



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

76 Allds St

Nashua, NH 03060

Thank you for your immediate attention to this matter.

Sincerely,

Print Name _____

Signature _____

Date _____

PLEASE SEND RECORD TRANSFER TO PREVIOUS DENTIST. THANK YOU.

76 Allds Street, Nashua, New Hampshire 03060