

Dr. Mike Hoben

430 Albany Street
Petrolia, ON
N0N 1R0

Telephone: (519) 882-0520
Fax: (519) 882-3163

TRANSFER OF RADIOGRAPHS AND/OR RECORDS

Date: _____

To: _____

To continue the care you have given this patient (family) in the past, kindly forward the following information to:

petroliadentistry@gmail.com

**Dr. Mike Hoben
430 Albany Street
Petrolia, ON
N0N 1R0**

Date of last new patient exam _____

Date of last panorex _____

Please send duplicate or original Panorex taken within last 5 years

Date of last BW's _____

Please send duplicate or original BW's taken within last 2 years

Date of last recall examination _____

Recall interval _____

Date of last cleaning _____

Any outstanding treatment _____

I, _____ authorize you to furnish my records and

Patient signature

those of the following family members to Dr. M. Hoben.

Patient name: _____

Family members: _____

Thank you.