



**BARBARA TAIPALE SCANLON, D.M.D.**  
*Comprehensive Dental Care*

Request For Information

Dear Doctor:

The patient listed below is now receiving dental treatment in this office. Please send a copy of the patient's dental records and radiographs to this office so we can continue the care you have provided so well in the past.

Thank you for your cooperation.

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D.O.B. \_\_\_\_\_

Date of last treatment \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Guardian

Sincerely,

Barbara Taipale Scanlon, D.M.D.