

**Dr. Steven Fremeth**

102-1500 Bank Street, Ottawa, ON K1H 7Z2  
Phone No. 613-739-1616 Fax No. 613-739-7479

To: Dr. \_\_\_\_\_

Patient(s) Name:

The above named patient(s) has recently come under our care and has given your name as having been involved with his/her dental care in the past. We would be grateful if you would forward any pertinent information that in your opinion would be helpful in the future care of this patient to:

Dr. Steven Fremeth

Please forward any relevant radiographs, perio charting and clinical records.

Thank you in advance for your cooperation.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

Family members to include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_