

**YOUR NEIGHBOURHOOD DENTIST**

601 Eglinton Ave East  
Toronto, ON  
M4P 1P8  
(416) 598-8816  
Email: drcarriehui@gmail.com  
www.drcarriehui.com

Date: \_\_\_\_\_

Dr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Dr. \_\_\_\_\_

We have recently welcomed \_\_\_\_\_ to our office to provide his/her dental services. We were informed that they have been treated in your office in the past. Please forward any dental records and radiographs to the address below that may assist us in continuing to provide the high quality of dental care that he/she has received in your office.

Your Neighbourhood Dentist  
601 Eglinton Ave East  
Toronto, ON  
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If you have any questions please do not hesitate to call us at (416) 598-8816. Thank you in advance for your assistance.

Patient Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Patient(s): (please print)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely yours,

Dr. Carrie Hui