

YOUR NEIGHBOURHOOD DENTIST

3585 Keele Street, Unit#10
Toronto, Ontario M3J3H5
Phone: (416)333-8200
Email: keeledentaloffice@gmail.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.

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M3J 3H5**

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