Kendall Square Dental Associates
One Kendall Square, Building 300
Cambridge, MA 02139
617~577~8700

Date: _____

To: _____

Address: _____

_____

Summary of dental treatment:

Patient's Name: _____ ***Date of Birth:*** _____

Date of Last Exam: _____ ***Date of Last Prophy:*** _____

Date of Last X-Ray:

Bitewings: _____ ***FMX:*** _____ ***Copies of X-Rays enclosed:*** _____

Recommended Treatment:

_____
_____
_____

Comments:

_____
_____
_____

Kyuho Lim, D.M.D.~ Garnet Reid, D.M.D.~ Eve Leeman, D.M.D. ~ Alex Callejas, D.M.D

REQUEST FOR RELEASE OF RECORDS:

Dr: _____

_____

_____

Patient's Name: _____ ***Date of Birth:*** _____

Please send a duplicate copy of all dental records, including radiographs and daily treatment notes to the following dental practice.

Kendall Square Dental Associates
One Kendall Square, Building 300
Cambridge, MA 02139
Kendallsquaredental@gmail.com
Phone: 617~577~8700
Fax: 617~ 577~0282

Signature: _____ ***Date:*** _____
(Patient or Person Authorized to Consent for Patient)