



Dear Doctor:

Patient:

Enclosed are:

Bitewings (regular)

Bitewings (digital)

P.A. x-ray (regular)

P.A. x-ray (digital)

Full Mouth x- ray (regular)

Full Mouth x-ray (digital)

Panoramic

Tornogram

We took these at his/her recent recall here. Patient has been advised that you were sent a copy and that your office would call him/ her if you saw any caries or restorative problems.

This patient is on \_\_\_\_\_ months alternating recall.

REMARKS: \_\_\_\_\_

\_\_\_\_\_