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To whom it may concern:

I, \_\_\_\_\_ request the office of:

Old Office name: \_\_\_\_\_

Dentist name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

To send necessary information concerning me or my family to my/our new dentist at:

**Factoria Family Dentistry  
4100 Factoria Blvd. SE. Suite #D  
Bellevue, WA. 98006**

(Necessary information included radiographs and perio charting upon request)

Signed:

\_\_\_\_\_  
(name of patient/guardian)

\_\_\_\_\_  
(date)