



**RICHARD M. YARBRO, DDS**

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[www.dryarbro.com](http://www.dryarbro.com)

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

I am now a patient of Dr. Richard M. Yarbro. I would like to have my dental treatment record transferred. Please include past perio charts and copies or originals of any current radiographs.

\*\*\*Please e-mail the x-rays to [yarbrodds@gmail.com](mailto:yarbrodds@gmail.com) as first option\*\*\*  
(Mail if unable to e-mail)

**Bitewings within 2 years**

**Full Mouth Series or Panoramic film within 5 years**

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_