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Date: _____

Introducing: M _____

Their Telephone Number: _____

Please:

| | |
|--------------|---|
| Extract [] | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 |
| | R-----L |
| Evaluate [] | 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 |

Deciduous Teeth

| | |
|---------|---------------------|
| | A B C D E F G H I J |
| R-----L | |
| | T S R Q P O N M L K |

Infection [] Abnormal Tissue [] Fractured Jaw []

X-Rays: With Patient [] Mailed [] Please Return []

Comments: _____

Referred By: _____

Your Telephone Number: _____

NOTICE TO PATIENTS

1. A consultation appointment is required prior to treatment for anyone interested in having general anesthesia. We do not administer general anesthesia on a first visit as careful review of your health history and special instructions are required.
2. When time permits, we will mail you our Get Acquainted Form. You may complete the form at home and return it to the office at the time of your appointment. If time does not permit the mailing of the form, you will be asked to arrive at an appointment time which includes fifteen additional minutes to complete the necessary information.
3. Please bring this referral slip and any x-rays or additional notes from your doctor.