



# MID-VALLEY

D E N T A L   A S S O C I A T E S

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INTRODUCING \_\_\_\_\_

REFERRED BY DR. \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

- SEDATION CONSULTATION
- REMOVE TEETH CIRCLED
- OTHER TREATMENT \_\_\_\_\_
- IMPLANT CONSULTATION
- SURGICAL CROWN LENGTHENING

COMMENTS \_\_\_\_\_

***Please Email Radiographs to: [midvalleydental@gmail.com](mailto:midvalleydental@gmail.com)***

PLEASE CIRCLE TEETH TO BE EVALUATED:

PERMANENT

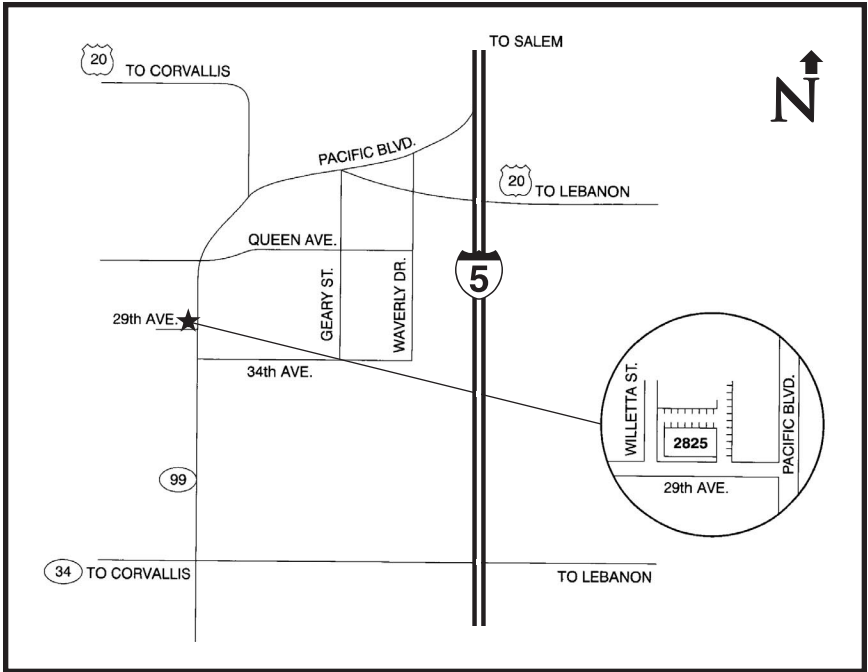
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PRIMARY

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

(MAP ON OTHER SIDE)

# ALBANY



# PHILOMATH

