



# 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)

# DALLAS

