



MID-VALLEY

DENTAL SURGERY

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1241 OAK ST.
EUGENE, OR 97401
541-686-9897

INTRODUCING _____

REFERRED BY DR. _____

APPOINTMENT DATE _____ TIME _____

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

COMMENTS _____

Please Email Radiographs to: midvalleydental@gmail.com

PLEASE CIRCLE TEETH TO BE EVALUATED:

PERMANENT

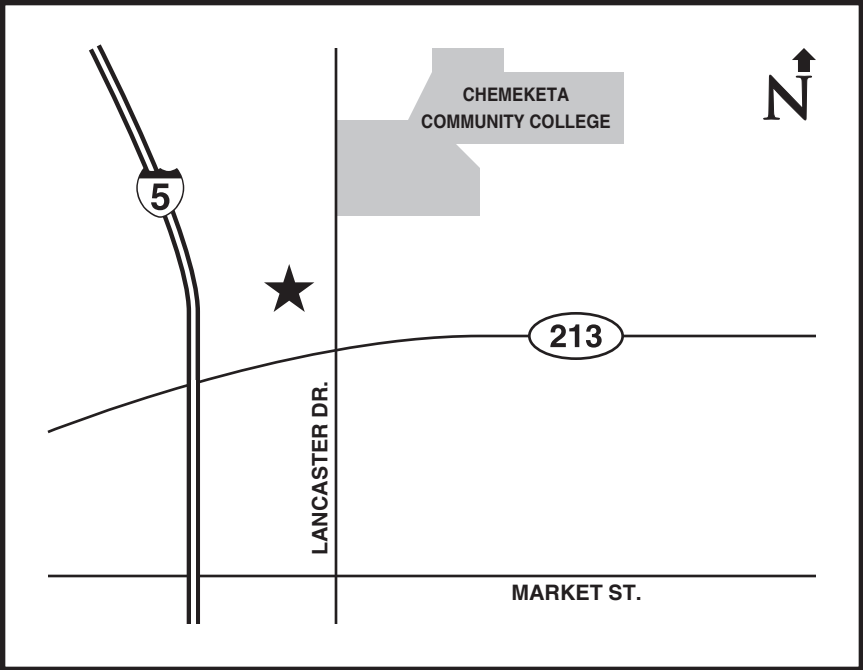
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

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)

SALEM



EUGENE

