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|----------------------------|--|--|--|--|---------------------------------------|----------------------------|---------------------------|-----------------------------|----------------|----------------------|---------------------|---------------|---------------|-------------|-------|
| Intr                       | oducing  | Please call patient to schedule appointment  Home Telephone Work Telephone  Patient will call you to schedule appointment                          |  |  |                                       |                            |                           |                             |                |                      |                     |               |               |             |       |
|                            |  |  |  |  |                                       |                            |                           |                             |                |                      |                     |               |               |             |       |
| 1                          | to be 1  | BE REMOVED circle teeth removed on chart at right.   | 1 2 3<br>32 31 30<br>x-ray or pe   | 4<br>29<br>T                             | 5<br>28<br>S                          | 6<br>27<br>R               | 7<br>26<br>Q              | 8<br>25<br>P                | 24<br>O        | 10<br>23<br>N        | 11<br>22<br>M       | 12<br>21<br>L | 13<br>20<br>K | 19          | 18 17 |
|                            |  | TATION FOR:  | O Traum  | a  | (                                     | ) (                        | Path<br>Ortl              | nolc<br>hog                 | gy             |                      |                     |               |               | ner         |       |
|                            |  |  |  |  |                                       |                            |                           |                             |                |                      |                     |               |               |             |       |
| 1.<br>2.<br>3.<br>4.<br>5. | Do not ea<br>You must<br>Minors m<br>Wear a loo<br>way with<br>Please wr | ese Pre-Operative Into or drink anything (come with a response fitting shirt. If yout them being too lite down the names tify us if you have here. | not even wate<br>nsible adult to<br>d by a parent o<br>ou wear long s<br>tight on your<br>s of any medic | r) for<br>driv<br>or leg<br>sleev<br>arm | r at<br>re ye<br>gal ;<br>res y<br>n. | leas<br>ou l<br>guar<br>ou | nom<br>rdia<br>mu<br>take | hou<br>ne af<br>n.<br>st be | rs pr<br>ter y | ior t<br>our<br>e to | o yo<br>app<br>roll | our<br>oin    | appe          | oint<br>nt. | ment. |
|                            | _ Please se  | end us additional re   | ferral slips.  | Dr                                       |                                       |                            |                           |                             |                |                      |                     |               |               |             |       |



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