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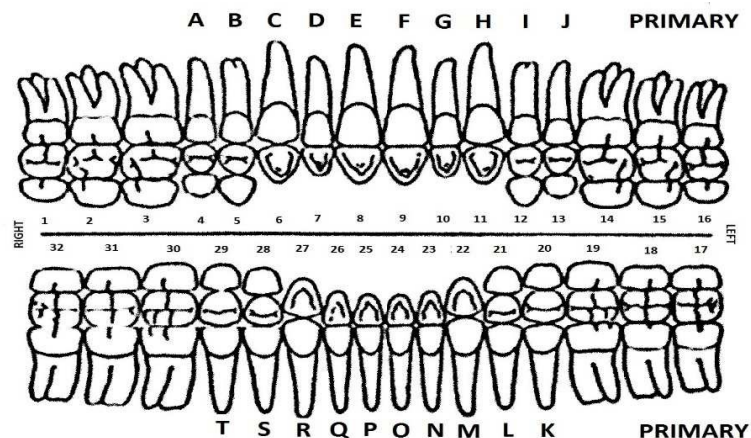
Date: _____

Patient's Name: _____

Referring Office/Doctor: _____

Please circle teeth number (s) for extraction(s):

We also provide Panoramic or 3D x-ray and dental implant.



Remarks: _____

Radiographs: ☐ with patient, ☐ email, ☐ being mailed, ☐ no x-ray.



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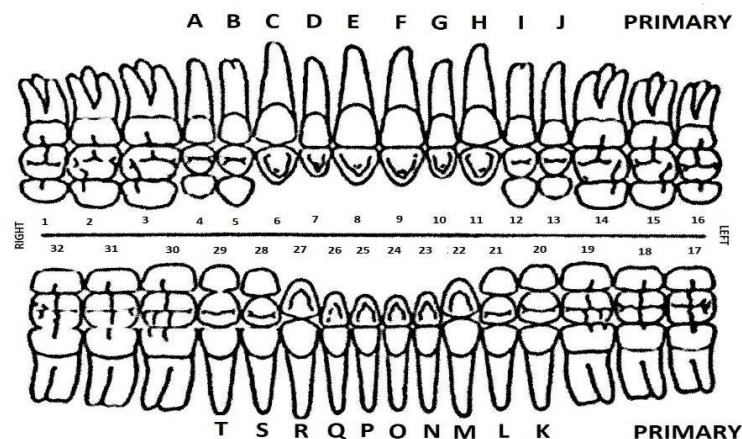
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