Valencia Smiles Dental Care

Darío A. Valencia, DDS

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INTRODUCING: _____

REFERRED BY DR: _____

APPOINTMENT DATE: MM / DD / YYYY TIME: _____

- ❑ Comprehensive Exam
- ❑ Crow and Bridge
- ❑ Implant Supported Crown and Bridge
- ❑ Implant Supported/Retained Dentures
- ❑ Implant System _____ Size _____
- ❑ Dentures
- ❑ Snorig Device
- ❑ Endodontics
- ❑ Fillings/Restorative
- ❑ Extractions

Comments _____
_____

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

Send X-Ray to:
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www.valenciasmilesdentalcare.com
/ValenciaSmilesDentalCare