

# TREASURE VALLEY

## ORAL & FACIAL SURGERY

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Referring Doctor: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Referring Doctor's Telephone: \_\_\_\_\_

Patient: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

### REASON FOR REFERRAL

Please circle teeth to be treated

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
				A	B	C	D	E	F	G	H	I	J				
R				T	S	R	Q	P	O	N	M	L	K				L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

### COMMENTS / SPECIAL INSTRUCTIONS

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