

Dr. Damian L. Black, DMD, MS, FACP

Board Certified Prosthodontist

Date/							
We are happy to present	We are happy to present						
Referred by Dr	Referred by Dr						
Appointment is scheduled for:/ at at	Appointment is scheduled for:/						
Radiographs we are sending:	Radiographs we are sending:						
FMX Date:/ PAs Date:/ BWs Date:/	FMX Date:/ PAs Date:/ B						
Radiographs you are to take:	Radiographs you are to take:						
FMX PAs BWs CBCT Scan	FMX PAs BWs CBCT						
REFERRED FOR: Restorative Evaluation	REFERRED FOR: Restorative Evaluation						
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	1 2 3 4 5 6 7 8 9 10 11 13						
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	32 31 30 29 28 27 26 25 24 23 22 2						
COMMENTS:	COMMENTS:						

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FMX Date:/ PAs Date:/ BWs Date:/															
Radiographs you are to take:															
FM	x [)	F	PAs [BW	vs [CE	BCT Sc	an			
REFERRED FOR: Restorative Evaluation															
Implant Restoration Veneers															
Complete Dentures Multiple Fixed Units															
Partial Dentures Other															
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
COMMENTS:															



