

Village Prosthodontics & DENTAL IMPLANT CENTER

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

Board Certified Prosthodontist

Date ___/___/___

We are happy to present _____

Referred by Dr. _____

Appointment is scheduled for: ___/___/___ at _____

Radiographs we are sending:

FMX Date: ___/___/___ PAs Date: ___/___/___ BWs Date: ___/___/___

Radiographs you are to take:

FMX PAs BWs CBCT Scan

REFERRED FOR:

Restorative Evaluation Full Arch Implants

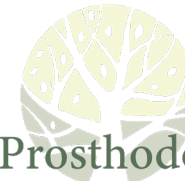
Implant Restoration Veneers

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:



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