



Dental Implant
AESTHETIC CENTER

901.682.5001

795 Ridge Lake Blvd., Suite 101
Memphis, TN 38120

www.dentalimplantac.com

Dr. Elizabeth Felton, D.M.D, M.S.

Dr. Carl W. Schullter D.D.S., F.A.C.P

Please circle teeth to be treated

Right																Left							
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17								

Deciduous

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Appointment Information:

This time is reserved specifically for you. If by necessity, you must cancel your appointment, please notify us at least 48 hours in advance.

Date _____ Time _____

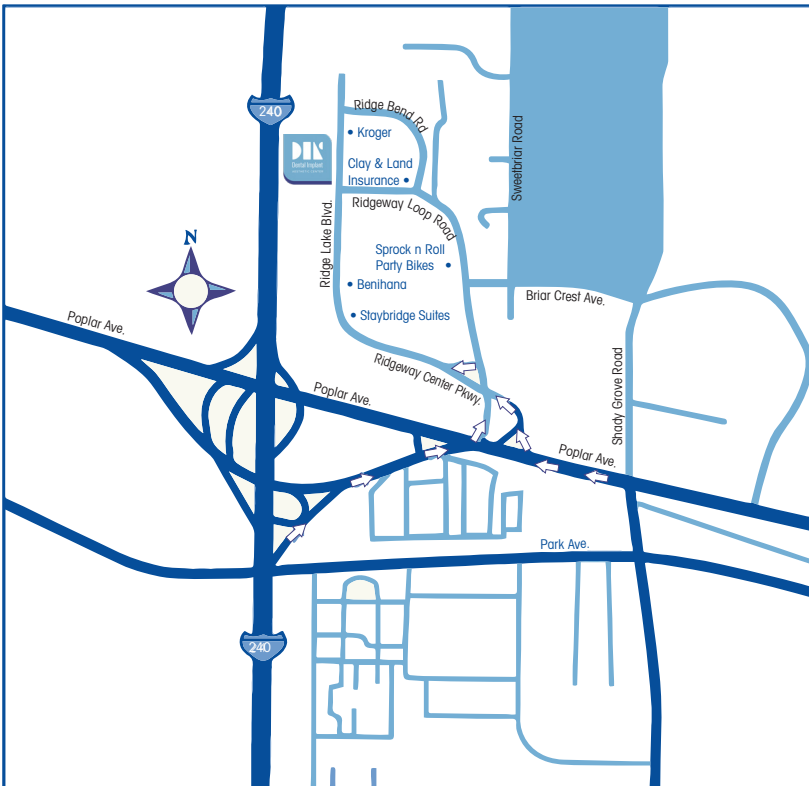
Introducing _____

Referred by _____

Special Instructions: _____

Please Email Xrays to:
info@dentalimplantac.com

_____ Radiograph(s) needed
 _____ Radiograph(s) given to patient
 _____ Radiograph(s) emailed or mailed
 Date of Radiograph(s) _____



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