



901.682.5001
 795 Ridge Lake Blvd., Suite 101
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www.dentalimplantac.com

- Dr. Elizabeth Felton, DMD, MS
- Dr. Carl W. Schulter DDS, F ACP
- Dr. Tony Huynh, DDS, MDS, CDT, FACP

Please circle teeth to be treated

Right										Le°						
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	
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 _____

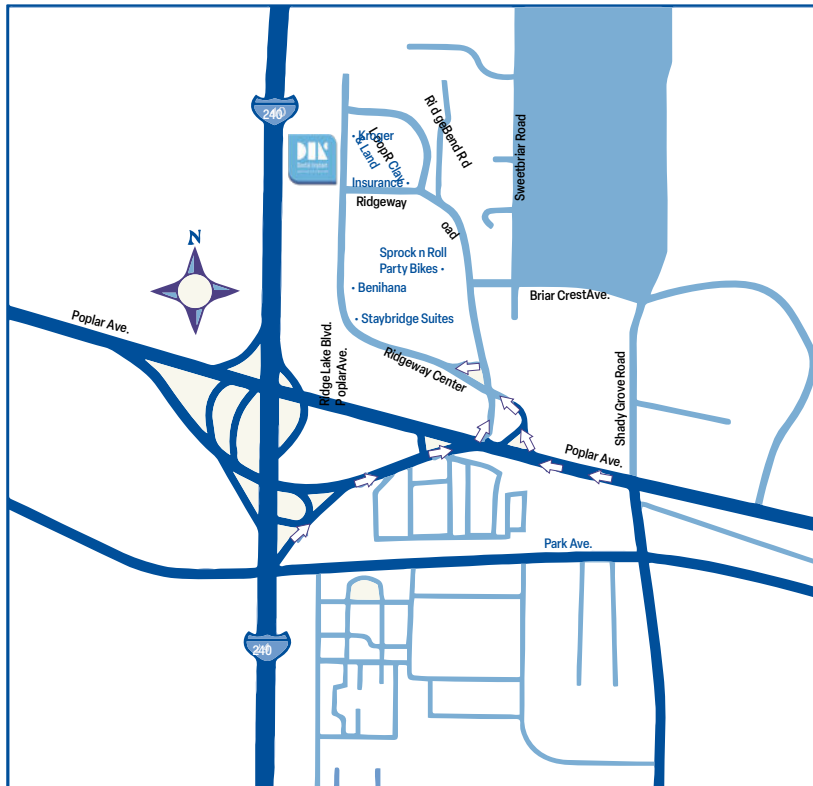
Introducing _____

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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