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Introducing _____

Referred By Dr. _____ Date _____

Clinic Name _____ Phone # _____

For:

- Extraction/Surgical Removal
- Restoration: Tooth# _____
- New Patient Exam
- Orthodontic Consultation
- Other
- Please take new x-rays



PLEASE EMAIL CURRENT X-RAYS

Additional Instructions:

Please send _____ referral pads

Instructions To Patient

If you have x-rays, please arrange to have them sent or bring them with you to your appointment.

If you have any questions regarding the above information please call 952-997-7100 (Lakeville), 651-322-5788 (Rosemount) or 952-440-5100 (Savage). If unable to keep this appointment, kindly give us a 24 hour notice.

