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| Date of Referral: Click here to enter a date. | Patient Name: Click here to enter text. |

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| Referred By: Click here to enter text. |

Evaluate for:

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| ALF Appliance | Digital Impressions |
| TMJ | Implants |
| CBCT Scan | Extraction Site Recovery |
| Frenectomy | Orthodontic Aligners |
| Sleep Apnea | Safe Amalgam Removal |

Notes: Click here to enter text.

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| Xrays/Scans: | Enclosed | Sent Separately | None |