

CENTER FOR SPECIALIZED DENTISTRY, LLC

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DATE: _____ REFERRED BY: _____

THIS IS TO INTRODUCE: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT								LEFT							
A B C D E								F G H I J							
T S R Q P								O N M L K							
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

REFERRED FOR: _____

☐ X-ray

*NOTE: PATIENTS RECEIVING IV SEDATION OR GENERAL ANESTHESIA MUST NOT HAVE ANYTHING TO EAT OR DRINK FOR 6 HOURS PRIOR & AN ESCORT TO TAKE THEM HOME

