



2255 Dunn Avenue,  
STE 700 Jacksonville,  
FL 32218

904-751-5126   
904-751-5146 

Referral To : \_\_\_\_\_

Patient Name : \_\_\_\_\_ DOB : \_\_\_\_\_

Referring Doctor : \_\_\_\_\_ Date : \_\_\_\_\_

**RADIOGRAPHS :**

Emailed     Given to Patient     Please Take

Date Taken : \_\_\_\_\_

Bitewings     Panorex     Occlusal     Periapical

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16		
RIGHT					A	B	C	D	E		F	G	H	I	J				LEFT
					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		

**Comments :**

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\_\_\_\_\_

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