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ALFRED E PESTO, JR, DMD, FACS

JUSTIN B DAMRON, DDS

PATIENT INFORMATION | Prior to most surgical procedures, a consultation is recommended.

Referred by Dr. _____ Date _____

Patient Name _____

Phone _____ DOB _____

PLEASE EVALUATE AND TREAT:

(A) (B) (C) (D) (E) (F) (G) (H) (I) (J)

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16)

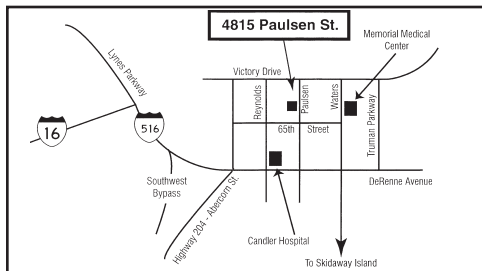
(32) (31) (30) (29) (28) (27) (26) (25) (24) (23) (22) (21) (20) (19) (18) (17)

(T) (S) (R) (Q) (P) (O) (N) (M) (L) (K)

- Consultation
- Pano within last year
Date of: _____
- Implant(s)
- Soft tissue
- Osseous pathology
- Extraction or
Surgical Removal

REMARKS:

SAVANNAH



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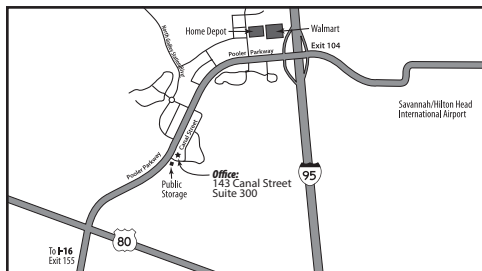
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