DESERT ORAL SURGERY

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72-780 El Paseo, Ste. E1
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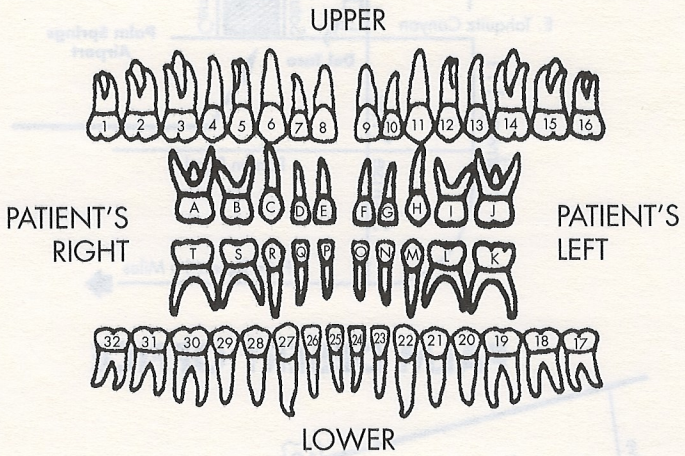
Patient Name: _____ Phone: _____

Referring Instructions _____

_____

Panoramic x-ray: ❑ Included ❑ Being mailed ❑ Needs to be taken



Referring doctor: _____

Doctor's Signature: _____

APPOINTMENT: Day _____ Time _____

NOTHING TO EAT OR DRINK 6 HOURS BEFORE APPOINTMENT
WEAR A SHORT SLEEVE SHIRT
HAVE A DRIVER WITH YOU TO TAKE YOU HOME

www.desertoralsurgery.com