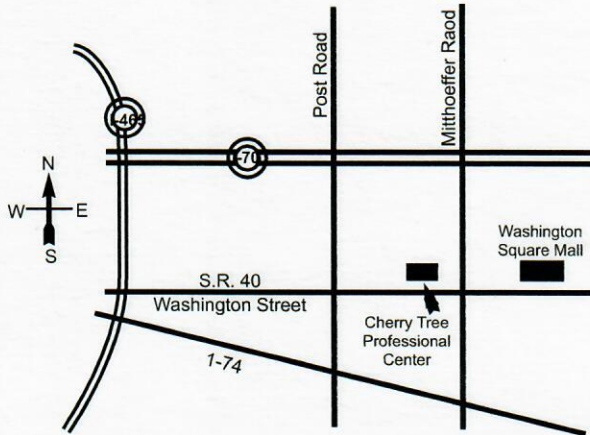




Cherrytree Professional Bldg
 9602 E. Washington St. Suite A
 Indianapolis, IN 46229

office 317.869.0000
 fax 317.869.0233



Introducing _____ Date _____

Referred by Dr. _____ Dr. Phone _____

Patients Address _____

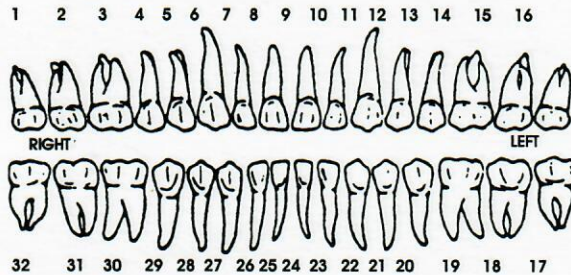
Patients Phone _____

Please examine patient for:

- Crowns and Bridges.
- Complete dentures.
- Implants supported restorations.
- Full mouth reconstruction.
- Removable partial dentures.
- Snoring and sleep apnea.

Please call:

- Radiographs available.
- Full mouth series.
- Panoramic.



Comments _____

Please indicate any specific concern patient may have. _____