MT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 — 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Advanta Dental Group

DATE:

LAST NAME:

FIRST NAME: INITIAL:

SEX: AGE:

COMMENTS:

FMX:

BW:

PANO:

PROPHY:

APPLIANCE:

SECOND VISIT

DATE:

COMMENTS:

FMX:

BW:

PANO:

PROPHY:

APPLIANCE:

THIRD VISIT

DATE:

COMMENTS:

FMX:

BW:

PANO:

PROPHY:

APPLIANCE:

I UNDERSTAND AND CONSENT TO THE TREATMENT LISTED ON THIS PAGE.

X

TREATMENTS

FIRST VISIT		SECOND VISIT		THIRD VISIT	
DATE:		DATE:		DATE:	
TOOTH #	PROCEDURE	TOOTH #	PROCEDURE	TOOTH #	PROCEDURE

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