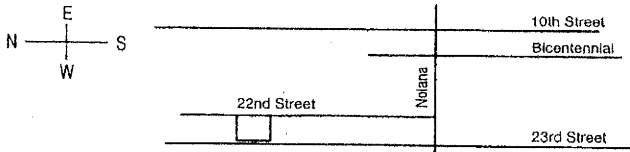


VALLEY ORAL & MAXILLOFACIAL SURGERY

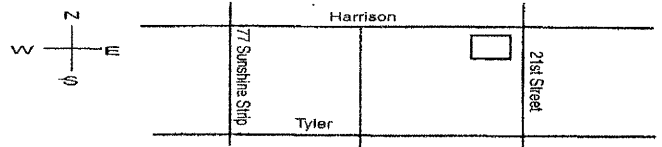
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2022 East Harrison, Harlingen, Texas 78550
(956) 428-6593 FAX (956) 428-9062



DATE:

TO:

FROM REFERRING DOCTOR:

New Patient

Established Patient

Patient Name:

D.O.B.

Home Phone Number:

Appointment Date:

Periapical

Occlusal Film

Panorex

Cephalometric

Models

Photos

COMMENTS:

UPPER TEETH

| | | | | | | | | | | | | | | | |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|-----------|
| 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 |
| RIGHT | | | | | | | LOWER TEETH | | | | | | | LEFT | |

UPPER TEETH

| | | | | | | | | | | |
|--------------|----------|----------|----------|----------|--------------------|----------|----------|----------|----------|-------------|
| A | B | C | D | E | F | G | H | I | J | |
| T | S | R | Q | P | O | N | M | L | K | |
| RIGHT | | | | | LOWER TEETH | | | | | LEFT |

Referring By: Dentist
 Physician

SIGNATURE OF REFERRING DOCTOR