

Introducing:	Date:
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Referred by Dr. _____ Tel: _____

PLEASE CHECK TEETH OR AREA TO BE TREATED.

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PLEASE NOTE : PATIENTS ANTICIPATING IV SEDATION/ GENERAL ANESTHESIA MUST REFRAIN FROM FOOD AND LIQUIDS FOR 6 HOURS PRIOR TO APPOINTMENT. ARRANGE TO HAVE AN ESCORT, DRIVING IS PROHIBITED.

REMARKS:

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