



Caring for your kids the way we care for our own!

Dr. Jeff McComb DDS • Dr. Candy McComb DDS

Date _____

Patient Name _____ Age _____

Insurance Provider _____

Referring Doctor _____

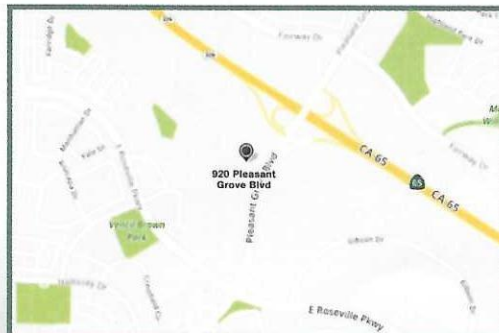
Referring Doctor Tel. No. _____

Reason for Referral 1st Dental Visit Toothache Decay
 Special Needs Trauma Sedation / Anesthesia

Radiographs None available X-rays sent with patient

Comments _____

			A	B	C	D	E		F	G	H	I	J			
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R									L							
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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