



Healthy smiles start here!

Matthew Pingel, D.M.D.

Date _____

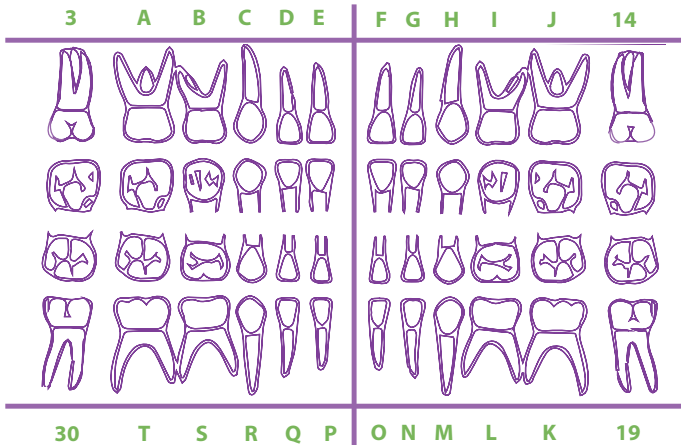
Patient _____ Date of Birth _____

Referring Doctor _____

Referring Doctor's Phone Number _____

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

- Radiographs
- None Available
 - X-Rays Sent with Patient



Comments
