



ERIC C. BAILEY, DMD PC

PROSTHODONTIST

Introducing _____ Today's date _____

Referred by Dr. _____ Appointment date: _____

- Complete Prosthodontic Evaluation
- Limited Prosthodontic Consultation
- Crown and Bridge
- Implant Reconstruction
- Esthetic Consultation
- Complete Dentures
- Removable Partial Dentures
- Other

- Radiographs are being forwarded (patient mail)
- Please take appropriate radiographs
- Please call me regarding this patient

Other, Remarks/Notes _____

			A	B	C	D	E	F	G	H	I	J			
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
			T	S	R	Q	P	O	N	M	L	K			

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