

Introducing \_\_\_\_\_

Tel # \_\_\_\_\_ Date \_\_\_\_\_

Call Patient \_\_\_\_\_ Patient Will Call \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

To:  Dr. Pamela McClain  Dr. Rachel Schallhorn

Examination desired:

Complete  Localized \_\_\_\_\_ area

Emergency \_\_\_\_\_ area

McClain & Schallhorn   
**PERIODONTICS**  
IMPLANT DENTISTRY

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**R** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 **L**  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Special Concerns:

Restorative/prosthetic treatment projections:

- Please take necessary radiographs
- X-rays sent/attached

