Atlanta Dentures

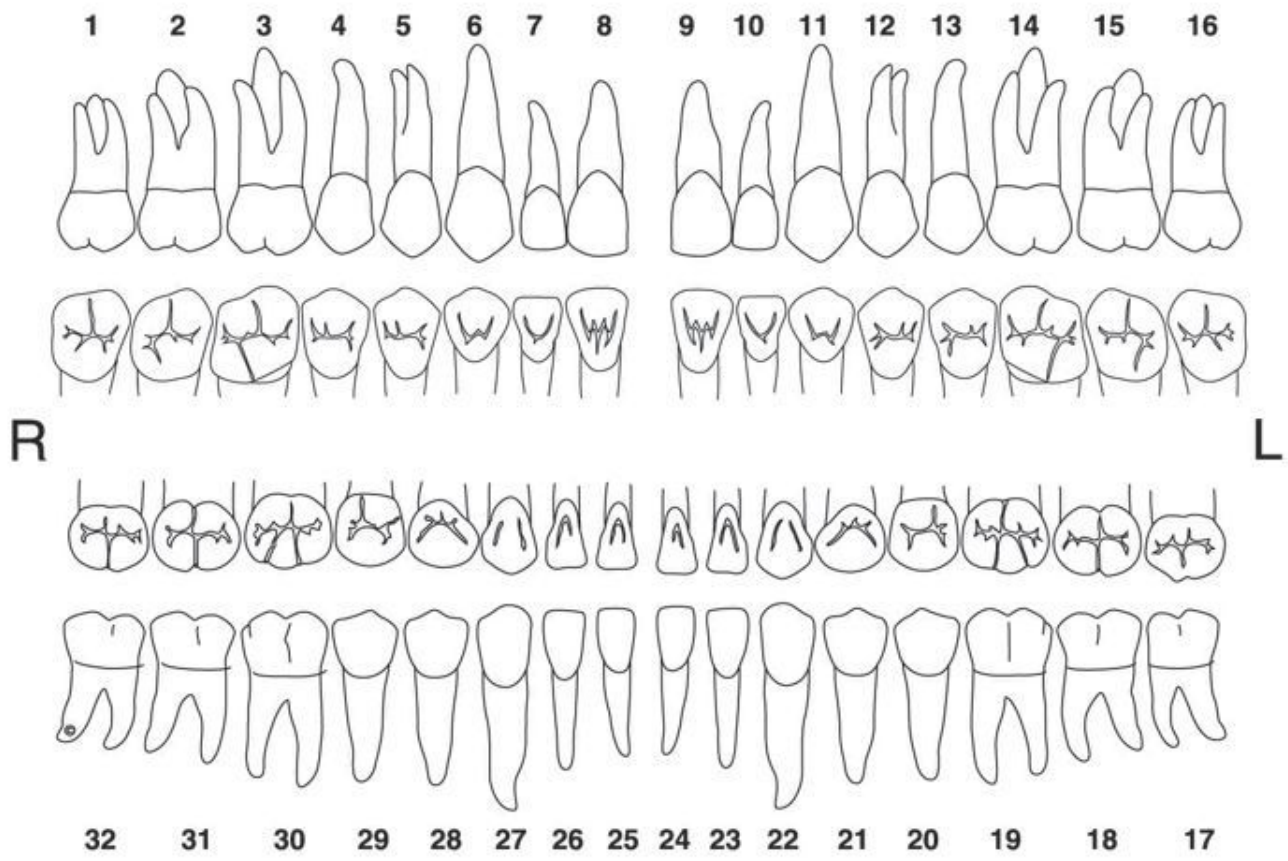
Introducing: _____

D.O.B.: _____ Phone Number: _____

Patients under the age of 18 should be accompanied by parent or guardian.

Referred By Dr: _____

Office Number: _____



X-Rays

☐ Being Mailed
☐ Given to Patient
☐ Return to Us
☐ Duplicates- Do Not Return
☐ No X-Ray Available

Treatment Requested:

o Consultation and Diagnosis
o Extractions
o Sedation
o Implants
o Denture
o Other: _____

Comments: _____

_____

_____

_____

_____

361 North Marietta Parkway NE Marietta, Georgia 30060

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