



Rebecca C. Day, DDS
(225) 924-2010
sunnydaydentistry.com

541 Shadows Ln Suite B | 6715 Highway 1 South
Baton Rouge, LA 70806 | Addis, LA 70710

Patient Name: _____

Referred By: _____

Patient DOB: _____ Patient Contact: _____

Please Evaluate For:

- Comprehensive Care Sedation/General Anesthesia
 Other: _____

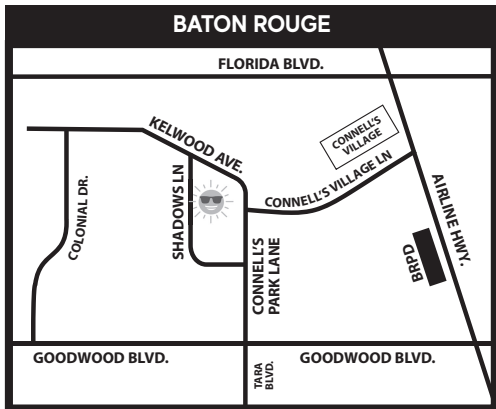
X-Rays Taken: Yes No

Dental Restorations: Have been attempted Have not been attempted

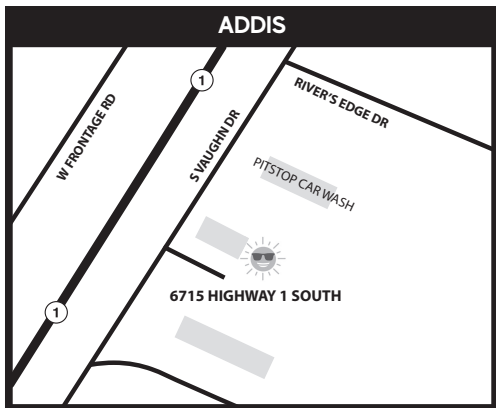
	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
						A	B	C	D	E	F	G	H	I	J			
RIGHT																	LEFT	
						T	S	R	Q	P	O	N	M	L	K			
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

Notes: _____

Thank you for your referral!



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