



CHAPEL HILL
FAMILY & COSMETIC DENTISTRY


James P. Furgurson, D.D.S., P.A.

Name of Patient: _____

Referred by: _____

Date: _____

Please Mark Teeth or Area to be Treated

| | | |
|-------------------------|---|-------------------------|
| 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 |
| _____ |  | _____ |
| 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 |

Requested Consultation

- Comprehensive Oral Examination
- Emergency Examination
- Cosmetic Evaluation
- Dental Hygiene
- Decay/Caries
- Extraction

Radiographs Type: _____

Date: _____

EMAILED GIVEN TO PATIENT NONE

Comments: _____

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