

MISKOVICH

DENTAL CLINIC P.C.

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Peter J. Miskovich, D.D.S. Mike N. Miskovich, D.D.S.

Today's Date ___/___/___

Appointment Date _____ at _____ am / pm

This will introduce _____ for Implant consideration.

R	MOLARS			BICUSPIDS		ANTERIORS						BICUSPIDS		MOLARS			L
	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	

- Patient has symptoms, evaluate and treat
- Implant Consultation Only
- Contact referring dentist before treatment

Patient will be instructed to return to referring dentist for final restoration.

COMMENTS:

Referred by Dr:

Phone: _____

