

Smiles 1st



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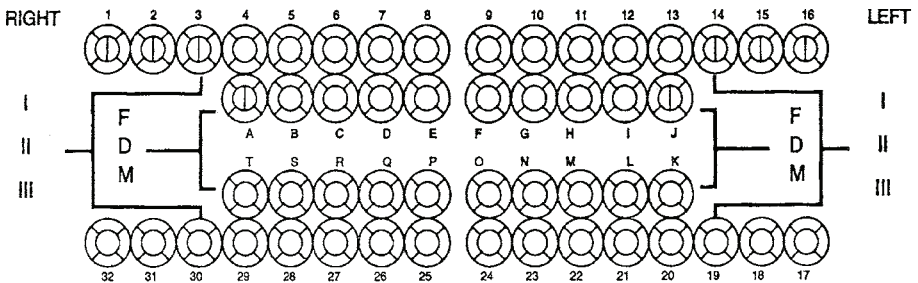
Introducing _____ **DOB** _____

Radiographs BWX ___/___/___ Panorex ___/___/___

Sent with Patient _____ PA _____

Mailed on ___/___/___ None Taken _____

Comments



Referred by Dr. _____

Date _____