



316 Knollcrest Drive, Redding, CA 96002

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www.riversideos.com

**Please circle the teeth to be treated**

**Right**

**Left**

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

**Deciduous**

A	B	C	D	E		F	G	H	I	J
T	S	R	Q	P		O	N	M	L	K

**Daniel Petersen, DDS**

**Shaun Burlingame, DDS, MD**

Today's Date \_\_\_\_\_

**Appointment Information:** This time is reserved specifically for you. If by necessity you must cancel your appointment, please notify us at least one day in advance.

Appt. Date \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_

Introducing \_\_\_\_\_

Patient's Phone \_\_\_\_\_ X-rays \_\_\_\_\_

Referred by \_\_\_\_\_

Remarks or Special Instructions: \_\_\_\_\_

Extraction & Impactions

**Other Procedures (please indicate below)**

Alveoloplasty

Lesion Evaluation

Apicoectomy/Retrograde

Expose Pin & Chain

Torus Max/Mand

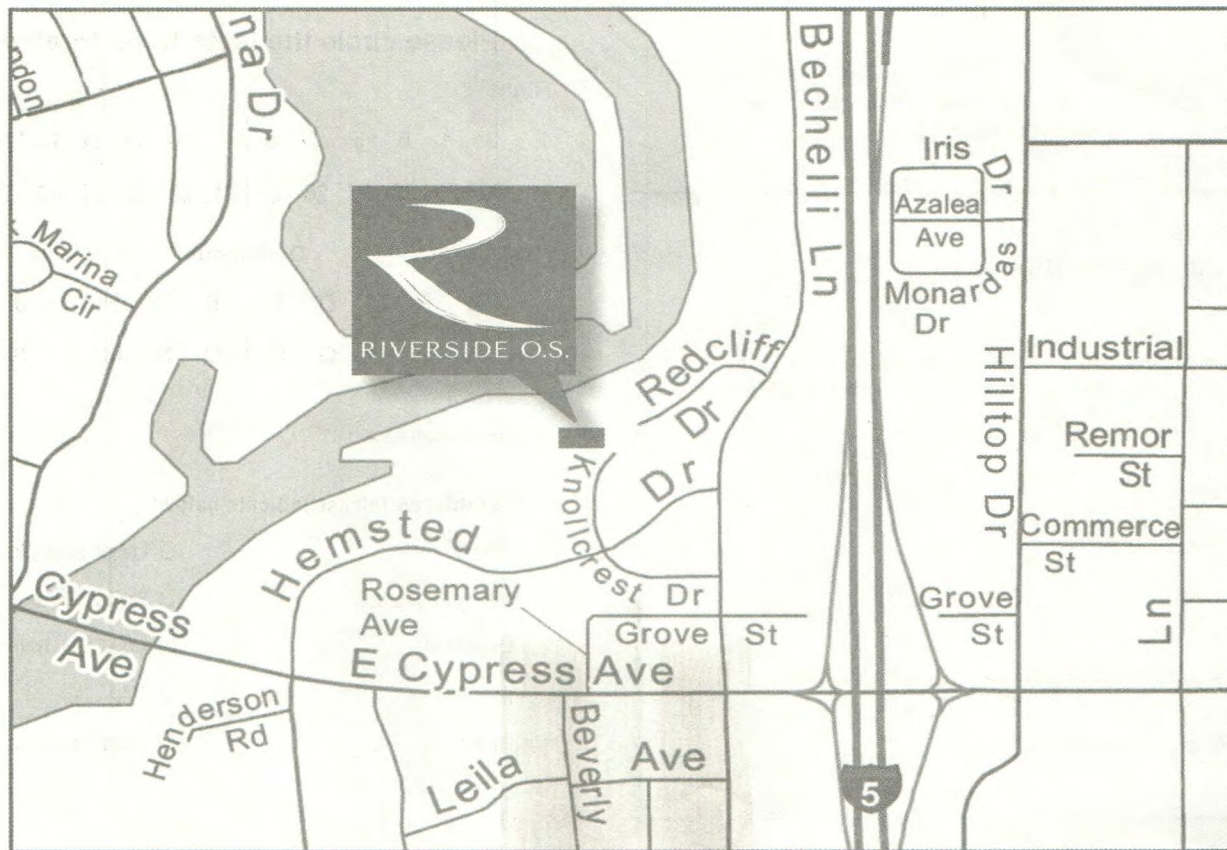
Oral/Facial Trauma

Implants

TMJ

Orthognathic

Facial Esthetics



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