



Date: _____

Ref: _____

Phone: _____

Dear Dr. _____,

We feel at this time that the following tooth/teeth should be checked by you for diagnosis of possible caries requiring restorative dentistry.

16	15	14	13	12	11	10	9	I	8	7	6	5	4	3	2	1
L	—	—	—	—	—	—	—	I	—	—	—	—	—	—	—	R
17	18	19	20	21	22	23	24	I	25	26	27	28	29	30	31	32

Sincerely,

Dr. Stephan A. Kohnen, D.M.D.

Dr.Kohnen@PostOakPerio.com

REMARKS: _____
