



# WILSON DENTAL

728 E. Ridge Road  
Rochester, NY 14621  
(585) 491-7800 Fax (607) 238-1276

## GENERAL REFERRAL

Introducing: \_\_\_\_\_ DOB: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Please circle the teeth or areas to be evaluated:

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

### Radiographs

- X-Rays needed
- X-Rays given to patient
- X-Rays emailed or sent
- Send copies of X-Rays taken

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referred By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_