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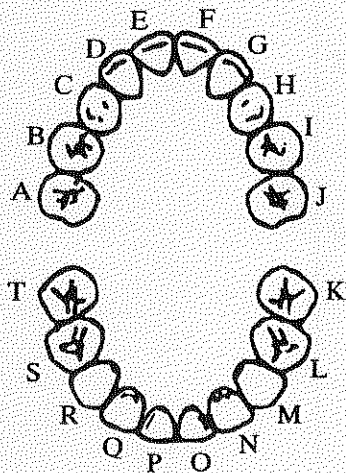
601.261.2711 Fax

website: www.drjohnroberson.com

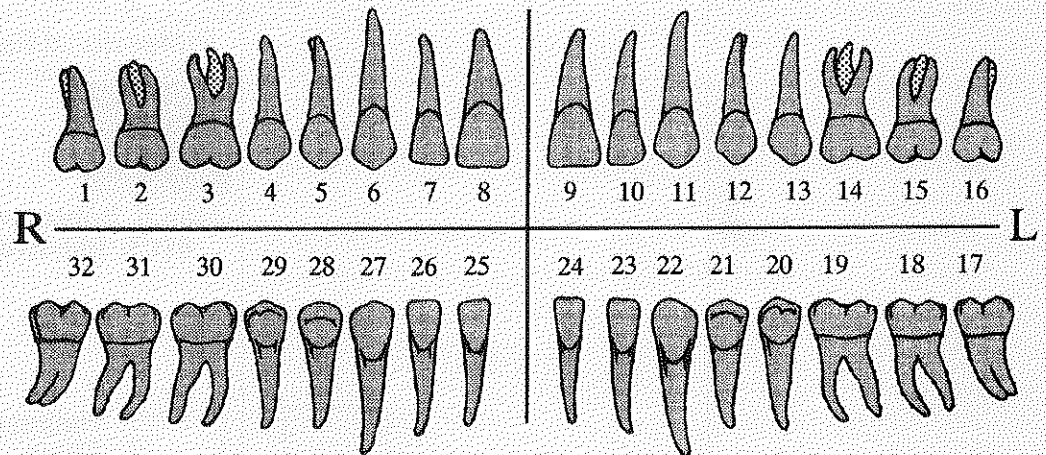
Date: _____ Referred by: _____

I am referring _____
for evaluation and treatment of the following:

Deciduous



Maxilla



Mandible

PLEASE MARK TEETH OR AREA TO BE EVALUATED

Comments: _____

Signed: _____