



# WILSON DENTAL

244 S. Geddes St.  
Syracuse, NY 13204  
(315) 423-9900 Fax (607) 238-1276

## GENERAL REFERRAL

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

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

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

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 emailed or sent

X-Rays given to patient

Send copies of X-Rays taken

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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