



WILSON DENTAL

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

GENERAL REFERRAL

Introducing: _____

Daytime Telephone: _____

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: _____

Referred By: _____

Signature: _____

Date: _____ Phone Number: _____