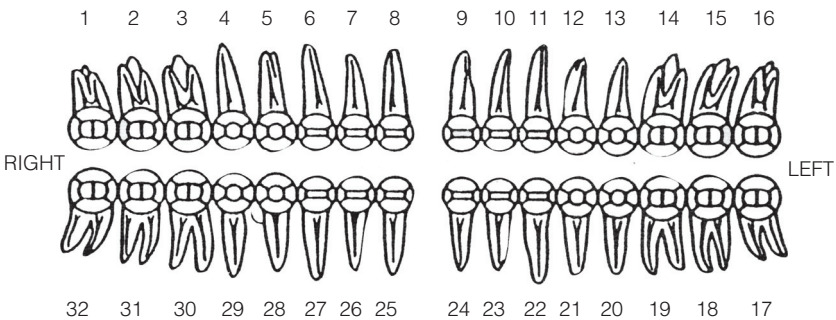
Smiles On Northern

Nozar Tarkesh DMD
General Dentist

Name: _____ Date: _____

Referred By: _____

Please indicate reason for visit and circle the teeth involved:



Reason for Referral

- ☐ Simple Extraction
- ☐ Extractions (including wisdom teeth)
- ☐ Hybrid Implants
- ☐ IV Sedation
- ☐ Surgical Extraction
- ☐ Implants
- ☐ All on 4
- ☐ Other_____

Comments:

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_____

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smilesonnorthern.com