



HERLIN DYAL

— PROSTHODONTICS —

Introducing _____

Phone _____

Referred by Dr. _____

PATIENTS CHIEF COMPLAINT AND EXPECTATIONS

PLEASE SEND FMX & ALL CURRENT X-RAYS.

Date Taken _____

REFERRED TO:

SACRAMENTO

7750 College Town Dr. #106
Sacramento CA 95826

ROCKLIN

2203 Plaza Dr. #100
Rocklin, CA 95765

