



ABC Dentistry for Children

See map on back.

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Date: _____, 20 _____

THIS IS TO INTRODUCE _____

RADIOGRAPHS

E-mailed to xrays@abcdentistryforchildren.com

Please Take

Given to Patient

AREAS OF IMMEDIATE CONCERN _____

COMMENTS: _____

REFERRED BY DR. _____ PHONE _____



2003 - 2004 - 2005 - 2006 - 2008 - 2009

2010 - 2011 - 2012 - 2013 - 2014 - 2015

2016 - 2017 - 2018 - 2019 - 2020 - 2021



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24 HOUR EMERGENCY CARE AVAILABLE