



John D. Gagnon D.D.S., P.A.

3510 N. Ridge, Suite 500
Wichita, Kansas 67205
316-722-0800

Date _____

Referring Doctor _____

Patient's Name _____

Consultation regarding: _____

Please indicate teeth to be removed:

R	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	L	
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17		
		a	b	c	d	e				f	g	h	i	j					L
		t	s	r	q	p				o	n	m	l	k					



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