B. Todd Pickle, D.D.S., M.S.

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Toll Free (866) 845-0794

PATIENT REFERRAL / CONSULT

Patient Name _____ DOB _____

Tel. No.: hm _____ wk _____ cell _____

Appt. Date/Time _____ / _____

Radiographic films enclosed? _____

Return films? _____ OR Dr. Pickle may keep in records? _____

If no films, make as necessary? _____

Referral / Consult for:

Evaluation and treatment ❑ Consultation only - no treatment ❑

Reason for referral: _____

_____

_____

_____

Other Comments: _____

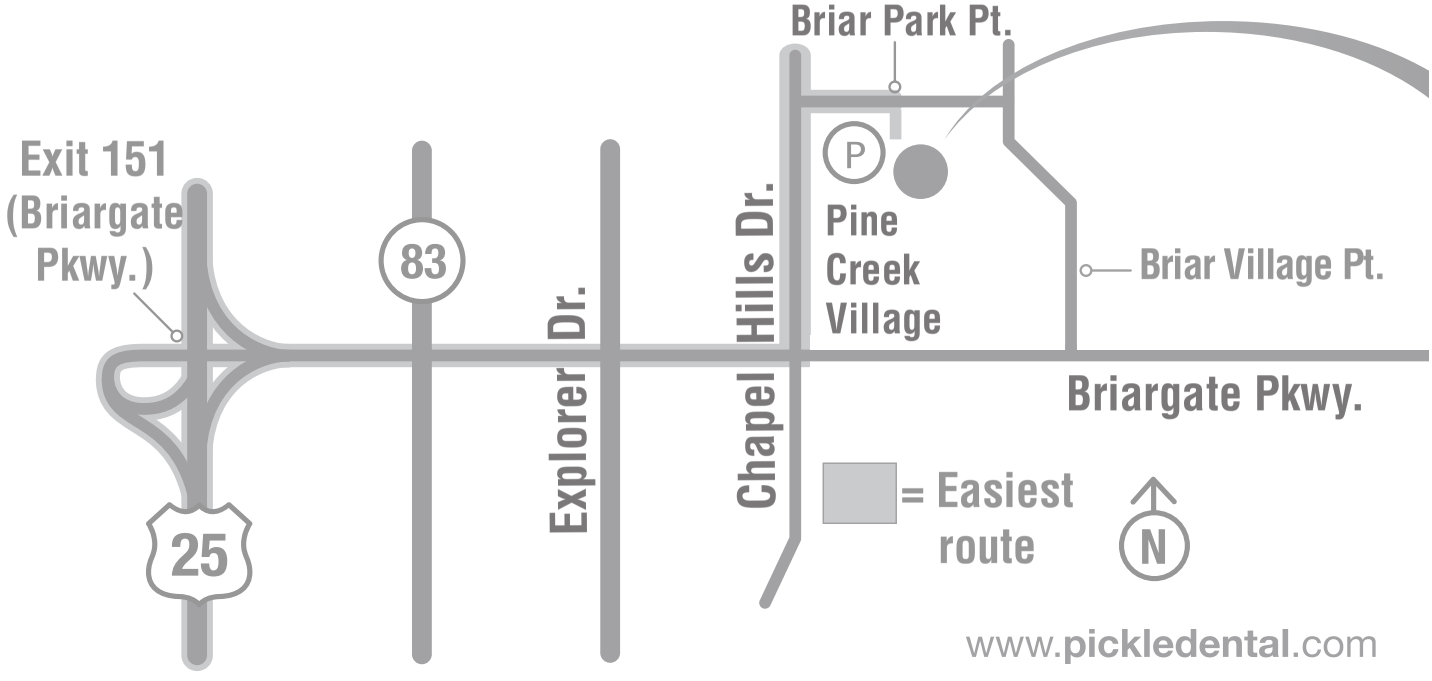
_____

_____

Referring Doctor _____ Date _____

Referring Doctor Phone # _____

White: Send with diagnostic materials • Yellow: Referrer's file • Pink: Patient


Briar Park Pt.
Exit 151
(Briargate
Pkwy.)
83
Explorer Dr.
Hills Dr.
P
Pine
Creek
Village
Briar Village Pt.
Chapel
Briargate Pkwy.
= Easiest
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N
25
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