



THE DENTAL
EXPERIENCE

DR. RANI HADLA, DDS, ORAL SURGEON

* Extractions * Wisdom Teeth * IV Sedation * Dental Implants * Pre-Prosthetic Surgery *
* Orthognathic Surgery * Dental-facial Injuries * TMJ Problems *

PATIENT: _____ DOB ____/____/____

REFERRING DENTIST: _____

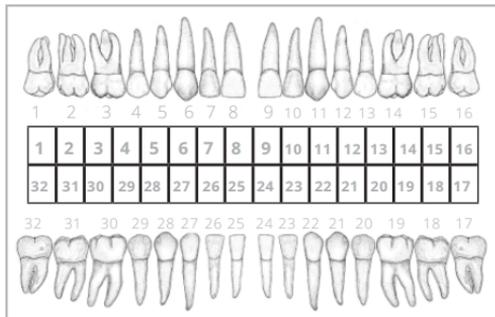
APPOINTMENT DATE AND TIME: _____

TREATMENT REQUESTED: _____

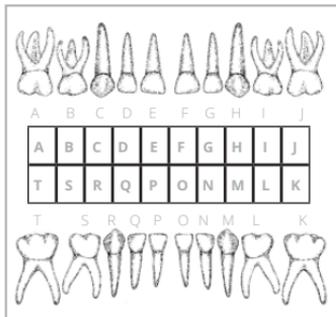
X-RAYS SENT: YES NO

HOW: E-MAIL MAIL WITH PATIENT

SEDATION: YES NO



FILL IN BOX



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