

# Jenny J. Chen D.D.S.

*creating beautiful smiles*

Specialist in Prosthodontics

Esthetics, Dental Implants and Restorative Dentistry

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Introducing \_\_\_\_\_

Phone \_\_\_\_\_

Referred by \_\_\_\_\_

Date \_\_\_\_\_

Consultations \_\_\_\_\_

Crowns and bridges \_\_\_\_\_

Dental Implants \_\_\_\_\_

Partial /Full dentures \_\_\_\_\_

Others \_\_\_\_\_

Patient to return to Dr. \_\_\_\_\_'s office

upon completion of treatments: Yes \_\_\_\_\_ No \_\_\_\_\_

Recent radiographs: (BMX \_\_, Pano \_\_, FMX \_\_) taken on Date \_\_\_\_\_

Enclosed: Yes \_\_\_\_\_ No \_\_\_\_\_

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Note \_\_\_\_\_

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