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Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

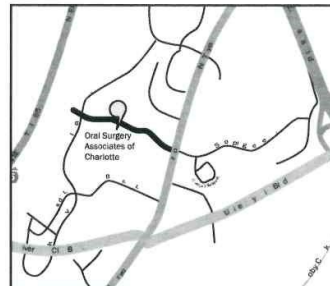
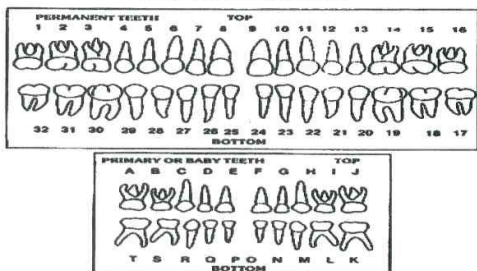
Date of Birth: \_\_\_\_\_

Referred by Doctor: \_\_\_\_\_

Referring Office Phone Number: \_\_\_\_\_

Panorex/Medical Records Sent By: \_\_\_\_\_

Mark (X) for Extraction



Other: \_\_\_\_\_

White — Patient

Yellow — Referring Doctor