

**Dr. Ava Khodakhast**

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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referred By: \_\_\_\_\_

Introducing: \_\_\_\_\_ Email: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

 Patient is scheduled on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AT \_\_\_\_ AM/PM Patient will call for an appointment. Please call patient to schedule an appointment.Radiographs:  Mailed  Sent with Patient  E-Mailed  Take X-rays \_\_\_\_\_**Consultation For:** Implants \_\_\_\_\_ Crown & Bridge \_\_\_\_\_ Veneers \_\_\_\_\_ Dentures/Removable Partials \_\_\_\_\_ Reconstruction \_\_\_\_\_ Radiographic  Surgical Guide \_\_\_\_\_ Occlusal Splints \_\_\_\_\_ Other \_\_\_\_\_**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Signed:** \_\_\_\_\_