



Dr. Owen Trinh

Email _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

☐ Consultation for: ☐ Implant ☐ Perio ☐ Other _____

Comments _____

- ☐ Radiographs with patient
 - ☐ Models with patient
 - ☐ Please call before patient is seen for consultation
 - ☐ No Current Radiography
 - ☐ Radiographs will be mailed
 - ☐ Radiographs will be emailed