DR. JAMES LUTONSKY, D.D.S.

1007 Longmire Rd. Conroe, TX 77304

Email: drlutonsky@drlutonsky.com **Phone:** 936.756.3633 **Fax:** 936.756.3653

Date: _____

Introducing:_____ **DOB:**_____

Patient Contact #: _____ **M / F**

Consultation:

□ **Extractions** □ **Implants** □ **Crown/Bridge** □ **Fillings** □ **General Consult** □ **Full Dentures**

□ **Full Partials** □ **Partial Dentures** □ **All-on-4** □**Other:** _____

NOTE: Indicate teeth to be evaluated/treated with a *circle*. Indicate missing teeth with **X**

A B C D E F G H I J

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

T S R Q P O N M L K

Comments/Remarks: _____

_____

_____

_____

_____

Radiographs:

☐ **Patient to bring** ☐ **Being sent** ☐ **Email**

Referred by Doctor: _____

Phone: _____