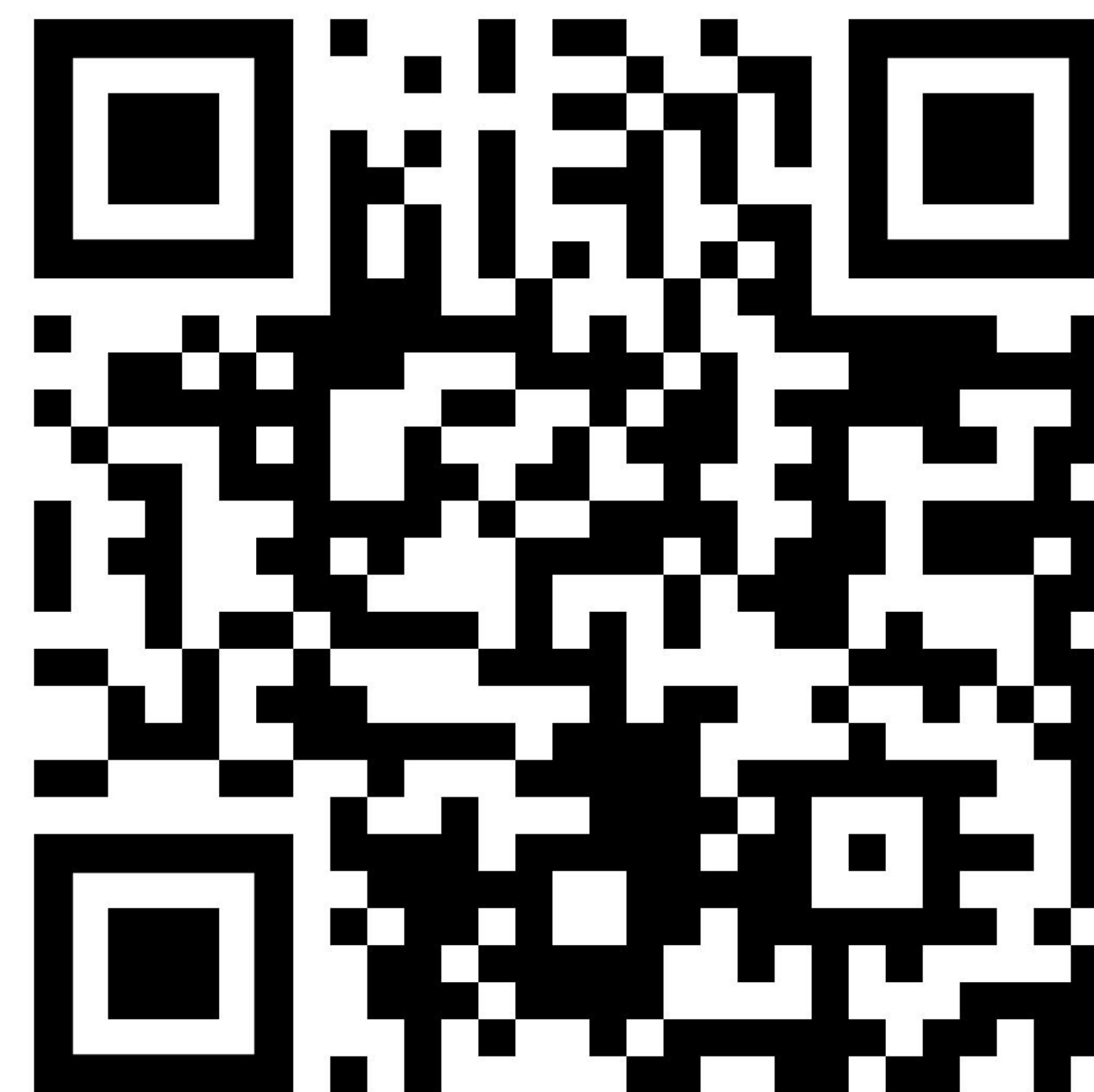




Briar Pointe Dentistry
Sedation dentistry since 1985

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Patient's Name: _____

Referred By: _____

Date: _____

Remarks:

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