



**RIVERVIEW  
FAMILY DENTISTRY**

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**Date:**

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**Appt. Date:** \_\_\_\_\_

**Dentist referred to:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

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**MICHAEL J. LATTNER, DDS, MS, PC**

**Radiographs**

- Current FMX/Panorex/PA available
- No current x-rays available

- Email
- Fax