Charles P. Tucker, DMD

Diplomate, American Board of Oral and Maxillofacial Surgery

17 Arentzen Boulevard, Suite 104
Charleroi, PA 15022
FAX 724.483.3760
TEL 724.483.5080

Patient Name ______________________________

Date ______________________________

Referred by Dr. ______________________________

Please Mark Teeth or Area to Be Treated

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
				A	B	C	D	E	F	G	H	I	J				
R																	L
				T	S	R	Q	P	O	N	M	L	K				
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Requested Consultation

- ☐ Extraction
- ☐ Third Molars
- ☐ Impacted Canines
- ☐ Frenectomy
- ☐ Implant Consultation
- ☐ Tori/Alveoplasty
- ☐ Pathology/Biopsy
- ☐ Other

X-Rays

- ☐ X-Ray mailed
- ☐ X-Ray sent with patient
- ☐ Take X-Ray
- ☐ Send more referral slips

We prefer that x-rays are emailed if your office uses digital radiography.
Please email to info@drchucktucker.com

Special Instructions or Comments ______________________________

____

____

PLEASE SEE REVERSE SIDE FOR A MAP TO OUR OFFICES AND ADDITIONAL INSTRUCTIONS

WWW.DRCHUCKTUCKER.COM