TWIN PINES

EXTRACTION AND DENTURE CENTER

Dr. Joseph R. Livingston, DDS

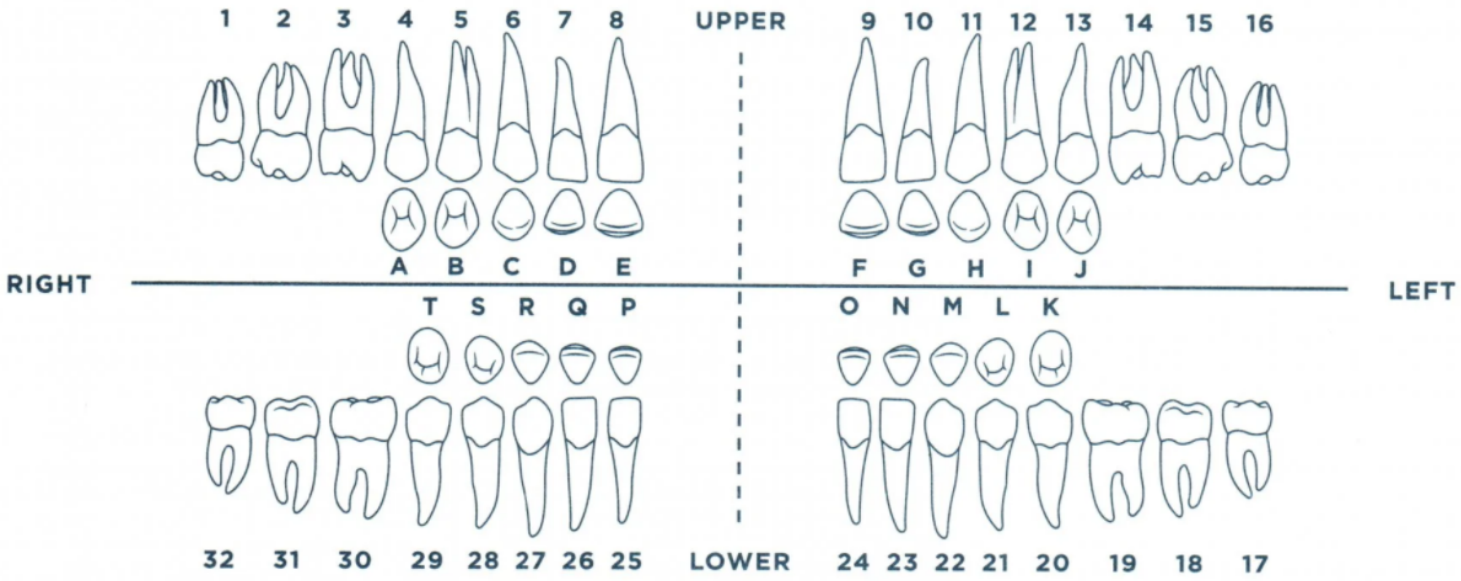
Patient's Name _____ Date _____

☐ Extraction(s) ☐ Dentures ☐ Implant(s) for denture retention

☐ Other _____

Special Instructions _____

_____



X-Rays included? ☐ Yes ☐ No Email X-Rays to: extractionsanddentures@gmail.com

Referred by Dr. _____ Phone _____

(207) 992-2060
Fax: (207) 262-0424
Email: extractionsanddentures@gmail.com
12 Stillwater Ave. Suite #6 Bangor, ME. 04401