TWIN PINES
EXTRACTION AND DENTURE CENTER

Dr. Joseph R. Livingston, DDS

Patient Name _____ Date of Birth _____

Address _____ City/Town _____ Zip _____

Phone *(Home)* _____ *(Work)* _____ *(Cell)* _____

Email _____

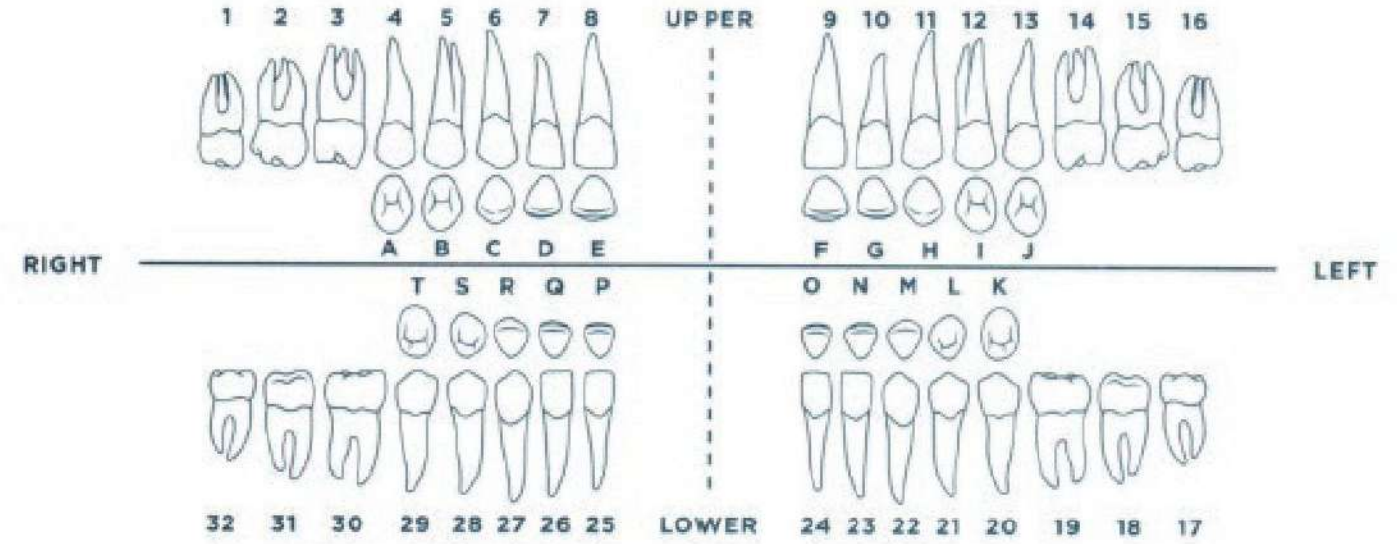
Dental Insurance: ☐ No ☐ Yes *(If insured, SS#)*: _____

Patient's Insurance Information _____

Special Instructions _____

_____

☐ Extraction(s) ☐ Dentures ☐ Implant(s) for Denture Retention



X-Rays Included? ☐ Yes ☐ No Email to: twinpines@twinpinesextraction.com

Referred by Dr. _____

Phone _____

Tel (207) 992-2060 · Fax (207) 262-0424 · Email twinpines@twinpinesextraction.com
Address: 12 Stillwater Ave · Suite 6 · Bangor, ME 04401