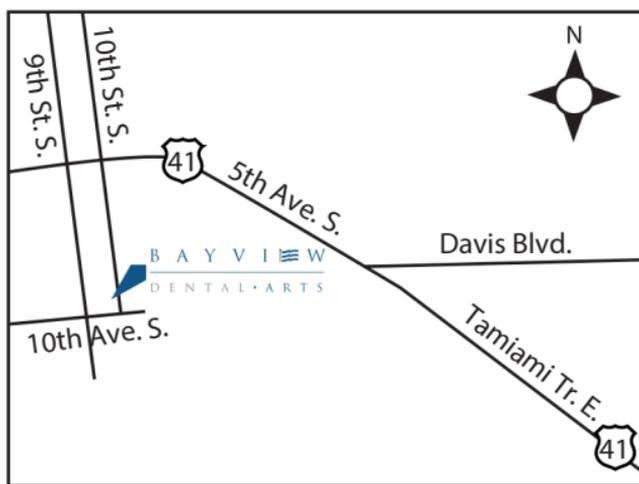


B A Y V I  W

D E N T A L • A R T S



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office@bayviewdentalarts.com



LOCATED DIRECTLY ON THE NAPLES BAY  
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COMPLIMENTARY VALET PARKING

# B A Y V I W

## D E N T A L • A R T S

Introducing: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Referred By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

.....

Please circle specific area(s) of concern:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

.....

### Treatment Consideration

- Consultation/Exam       Dental Implants       Extractions  
 Full Mouth Rehabilitation       Crown/Bridge       Removable  
 Restorative       Pathology       Grafting       Other

.....

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

### Radiographs/Records:

- Enclosed       E-mailed       Mailed       Clinical Notes  
 Patient Will Bring       CBCT       None Provided       Reports

.....

Referred \_\_\_\_\_ To: \_\_\_\_\_

Address: Phone: E- \_\_\_\_\_

mail: Appointment \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

Edward Scherder DMD, JD  
Robert Hedgepath DMD  
Kurtis Hussey DMD  
Jose Horak DMD  
Katie Rodriguez DMD, MS