



Date: _____

Introducing: _____

Patient Phone: _____

Referring Doctor: _____

Xrays: __ Attached __ Sent in mail __ To be taken __ Emailed

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

Reason for referral/diagnosis: _____

Dr. J. David Weber, DDS, FAGD Dr. Michael D. Kirk, DDS

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Coolspring Ave

Mall Ct

Woodland Ave

Lutheran Church

Parking Lot

Franciscan Health

(Formerly "The Medical Group")

Fryar Orthodontics

Weber Family Dentistry

(Inside the Coolspring Dental Clinic)

