



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 Dr. Jonathan Solares, 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)

