

□ Dr. Leslie Ha	RDY 🗆 I	Dr. Dayna Du	KE	□ Dr. Myron Hilton	
□ Dr. Bi	randon Schul	on Schultz $\square$		Dr. Zane Dubberstein	
First Name:					
Last Name:					
Contact Phone	:				
Referring Denti	st:				
Tooth #:					
Radiographs:			nt	□ Emailed □ No X-rays	
Comments:					
Requested Re					
•		e Build-up	Oth	ner:	
Appointment:		·			
			_ Tim	ne:	
	□ North Okl □ South Okl □ Western C	ahoma City	:y		

Please bring this card with you to your appointment.



## **South Oklahoma City**

8101 South Walker, Suite A, Oklahoma City, OK 73139 (Near Academy Sports and Southwest Orthopedic)



## Western Oklahoma (Clinton, OK)

533 S 30th Street, Clinton, OK 73601

