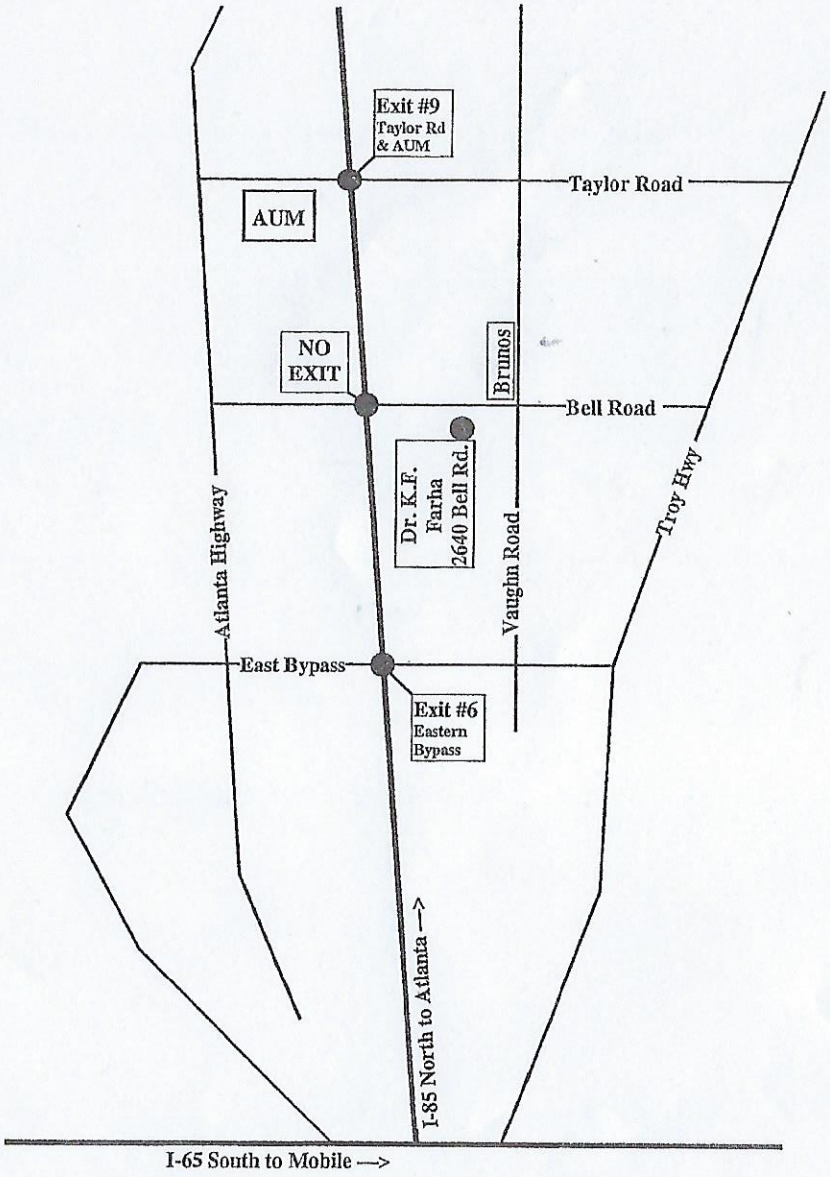

KENNETH F. FARHA, D.D.S.
2640 Bell Road
Montgomery, Alabama 36117
Telephone: (334) 260-0501
Fax: (334) 260-0502

Home _____ Work _____

Name _____

Address _____ Zip _____

Referred By _____ Date _____

REASON FOR REFERRAL:

- ☐ Complete Exam: For Complaint
  - ☐ Restricted Range of Motion
  - ☐ Jaw Pain Noise ☐ Ear
  - ☐ Neck ☐ Headache
  - ☐ Other _____
- ☐ Consultation
- ☐ Second Opinion
- ☐ Radiographic Evaluation and Report
  - ☐ Ceph. ☐ Trans Cranials
  - ☐ Pan ☐ A.P. View
  - ☐ SMV ☐ Other
  - ☐ Corrected Tomograms

I am sending:

☐ FMS ☐ Joint Films ☐ Records
☐ Pan ☐ Arthrogram, MRI, CAT ☐ Models

APPOINTMENT STATUS:

☐ An appointment was made by our office.

Date _____ Time _____

☐ Your office to call patient ☐ Patient will call