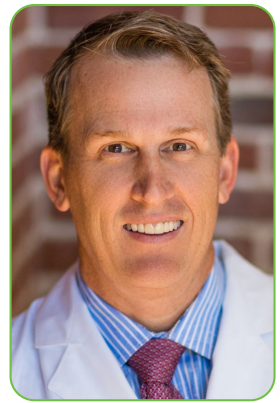




# BOSWORTH

dental **arts** group



Robert Bosworth, DDS, MS  
Prosthodontist

**Implant, Cosmetic and Restorative Dentistry**

(858) 292-4566

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Introducing \_\_\_\_\_ Date \_\_\_\_\_

Chief Complaint \_\_\_\_\_

Comments \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Radiographics

Date of Most Recent: FMX \_\_\_\_\_ Bitewings \_\_\_\_\_ Panorex \_\_\_\_\_

Please email x-rays to my office at  
smile@bosworthdentalarts.com

\*\* Please advise your patient that if their most recent full mouth x-ray is over one year old, a new one will be taken at the initial examination appointment. Your office will be provided a copy.



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