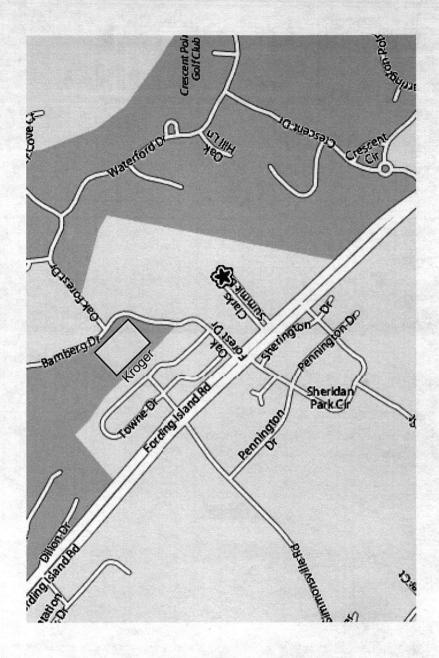


## C. Jason Putnam, DMD

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Patient Name:															_		
App	Appointment Date:												Time:				
For	Endo	dontic	cons	iderat	ion o	f the f	follow	ving	g too	th (te	eth):						
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1	2											12				16	
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Lea	☐ Consultation Only ☐ Consult and Treat ☐  Leave Post Space: ☐ Yes ☐ No																
Discomfort:   None   Mild/Moderate												☐ Severe					
Comments / Additional instruction:																	
_				·-			*				~				*		
Dr.												Date:					



## Location:

We are conveniently located along HWY 278 (Fording Island Rd) in the Plaza at Belfair in Bluffton, SC. The Plaza at Belfair is located directly across the street from Sheridan Park. We are on the second floor of the large building directly behind the decorative water fountain at the end of Clark Summit Dr.