Acme Dental Group

Sample Referral Fax — Public Demo

Patient:	Jordan Sample
Date of Birth:	04/18/1987
Referring Provider:	Dr. Avery Morgan
Receiving Office:	Smile Imaging Center
Fax:	(305) 555-0199

Reason for referral

Panoramic imaging and consultation. This document contains sample data only.

Notes

This PDF is used only to demonstrate the CyberLink Fax document preview.