



Yuan (Cathy) Hung, DDS

*Board Certified Oral and Maxillofacial Surgeon
Specialty Permit #5530*

312 Applegarth Road, Suite 202

Monroe Township, NJ 08831

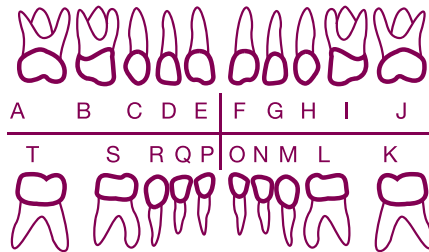
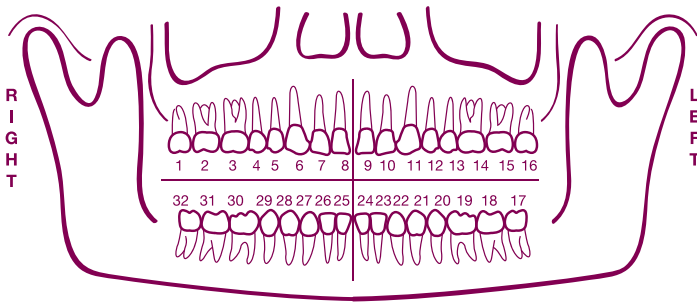
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Referring Doctor: _____

Patient Name: _____

Date: _____



Notes: _____

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