

VALLEY ORAL SURGERY, P.C.

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* DIPLOMATES AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY

Introducing: _____

Date: _____ DOB: _____

I. TEETH TO BE REMOVED: Please Circle

A	B	C	D	E	F	G	H	I	J						
T	S	R	Q	P	O	N	M	L	K						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

II. IS A RECENT PANORAMIC FILM AVAILABLE? Yes No

III. EXAM/CONSULTATION

Implants _____

Bone/Soft Tissue Graft _____

Exposure/Bonding _____

Biopsy/Excision _____

Other _____

Remarks: _____

Referred By: _____

Phone: _____



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www.valleyoralsurgery.com

