

# Valley Oral Surgery P.C.

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484.629.8300 fax 484.629.8313

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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 \_\_\_\_\_

Patient will contact Valley Oral Surgery for an appointment.

Call patient directly for an appointment. Phone: \_\_\_\_\_

Remarks: \_\_\_\_\_

Referred By: \_\_\_\_\_

Phone: \_\_\_\_\_



## Valley Oral Surgery

www.valleyoralsurgery.com

