



Valley Oral Surgery

Robert Laski, DMD*
Jaime Cernansky, DMD, MD*
Niral Parikh, DDS, BDS*
Joshua Gregory, DMD*

*Diplomates American Board of Oral and Maxillofacial Surgery

Introducing: _____

Date: _____ DOB: _____

I. Teeth to be removed (please circle):

Table with 2 rows and 10 columns labeled A-J and T-K

Table with 2 rows and 16 columns numbered 1-16

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

Scan a QR code for directions and office information.



ALLENTOWN

1275 S. Cedar Crest Blvd., Ste. 1A
Allentown, PA 18103
610.437.1727 fax 610.437.4715



LEHIGHTON

5666 Interchange Rd.
Lehighton, PA 18235
484.629.8300 fax 484.629.8313



BETHLEHEM

1321 N. New St.
Bethlehem, PA 18018
610.861.0648 fax 610.974.8966



QUAKERTOWN

1402 W. Broad St., Ste. 101
Quakertown, PA 18951
215.536.8133 fax 215.529.9498

valleyoralsurgery.com

