



**Oral and
Maxillofacial
Surgery**

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Introducing _____ Date _____

Referring Doctor _____

Please remove the circled teeth:

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

Comments: _____

Please perform the following surgical or diagnostic procedure:

- Extraction of above circled teeth
- Dental Implants _____
- Lesion _____
- Other _____

Your scheduled appointment time is:

M T W T F S _____ A.M./P.M.
Day (Circle) Date Time

Your appointment time is reserved for YOU. If you must cancel, please call our office 24 hours in advance.
– Location map on reverse side –