

Date:

Introducing:

Patients Phone: Appointment Date: Appointment Time:

Referred by Doctor:

- Dental Implant / Preprosthetic Evaluation
- Please Extract the Following Teeth
- Emergency Treatment
- T.M.J. / Orofacial Pain Exam / Treatment
- Surgical Endontics Evaluation and Treatment Tooth #
- Oral Pathology Evaluation / Biopsy Area
- Orthognathic / Reconstructive Surgery Evaluation
- Facial Trauma Evaluation / Treatment
- Remarks

Right	A	B	C	D	E	F	G	H	I	J	Left					
	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	
	T	A	R	Q	P	O	N	M	L	K						

- Recent Radiographs:
- Please take new Radiographs
 - Mailed to your office
 - Accompanying Patient

Specific Instructions:

- Please call before starting treatment