Center for Oral Maxillofacial Surgery and Dental Implants

Kim J. Pansegrau, DDS, MS, MD*
Andrew J. Kramer, DDS*
Rhys P. Strasia, DDS*
TJ A. Dyer, DDS*
Scott R. Goldberg, DDS*
Michael Isaac, DDS*

*Diplomates of the American Board of Oral and Maxillofacial Surgery

West Side
7007 Old Sauk Rd.
Madison, WI 53717
608-819-8760
Fax: 608-833-1737

East Side
5302 Buttonwood Dr.
Madison, WI 53718
608-240-0863
Fax: 608-240-0873

For additional information, go to CFOAMS.com

Patient _____ Date _____

Home # _____ Work # _____

Significant Medical History _____

I. Teeth To Be Removed

1. Please select on chart:

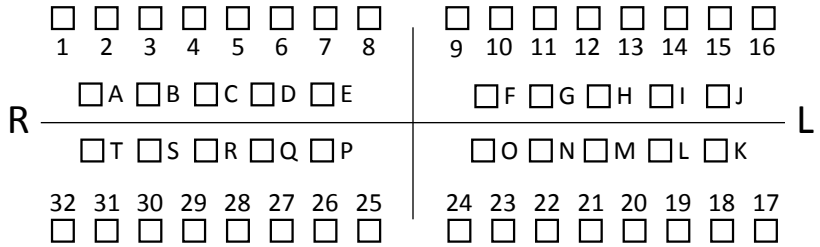
2. Which of these are:

Fully Erupted _____

Impacted _____

Root or Root Tips _____

Diagnosis _____



3. Is a recent panoramic or PA available? ☐ Yes ☐ No Date _____

II. Exam and Consultation

Implants _____ Orthognathic _____

Extractions _____ Lesions _____ TMJ _____

III. Other Procedures

Biopsy _____ Frenectomy _____

Alveoplasty _____ Apicoectomy (Tooth #) _____

IV. Comments

_____

_____

_____

Referring Dentist _____ Phone # _____

Referring Dentist Office Location _____

Referred To _____