



Center for Oral Maxillofacial Surgery and Dental Implants

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\*Diplomates of the American Board of Oral and Maxillofacial Surgery

Patient \_\_\_\_\_ DOB \_\_\_\_\_ 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 \_\_\_\_\_

Table with 16 columns (1-16) and 3 rows (A-E, T-S, 32-25) for tooth charting. Includes 'R' and 'L' side indicators.

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 \_\_\_\_\_