



# Bay Area Oral and Facial Surgeon

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Date \_\_\_\_\_

Introducing \_\_\_\_\_

Referred by \_\_\_\_\_  
(DOCTOR)

Appointment \_\_\_\_\_  
DAY DATE

Patient Phone No. \_\_\_\_\_

### ***PLEASE INDICATE TREATMENT TO BE PERFORM.***

- Exam/Consultation
- Biopsy
- Removal of marked teeth
- Dental Implant
- Other Procedures \_\_\_\_\_

### **PLEASE CIRCLE TEETH TO BE REMOVED OR LIST TREATMENT TO BE**

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

### **REMARKS:**

Dr. \_\_\_\_\_