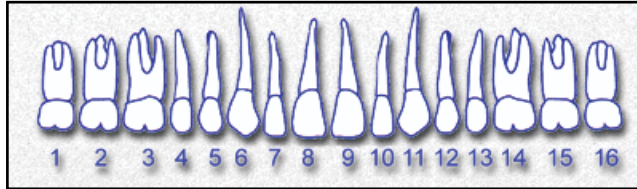


Date: _____
 First Name: _____
 Last Name: _____
 Referred By: _____
 Telephone: _____

Extraction



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

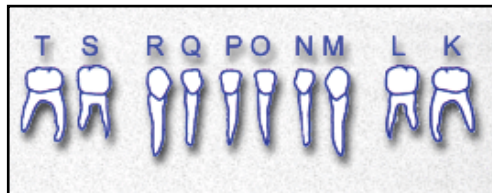


32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Extraction



A B C D E F G H I J



T S R Q P O N M L K

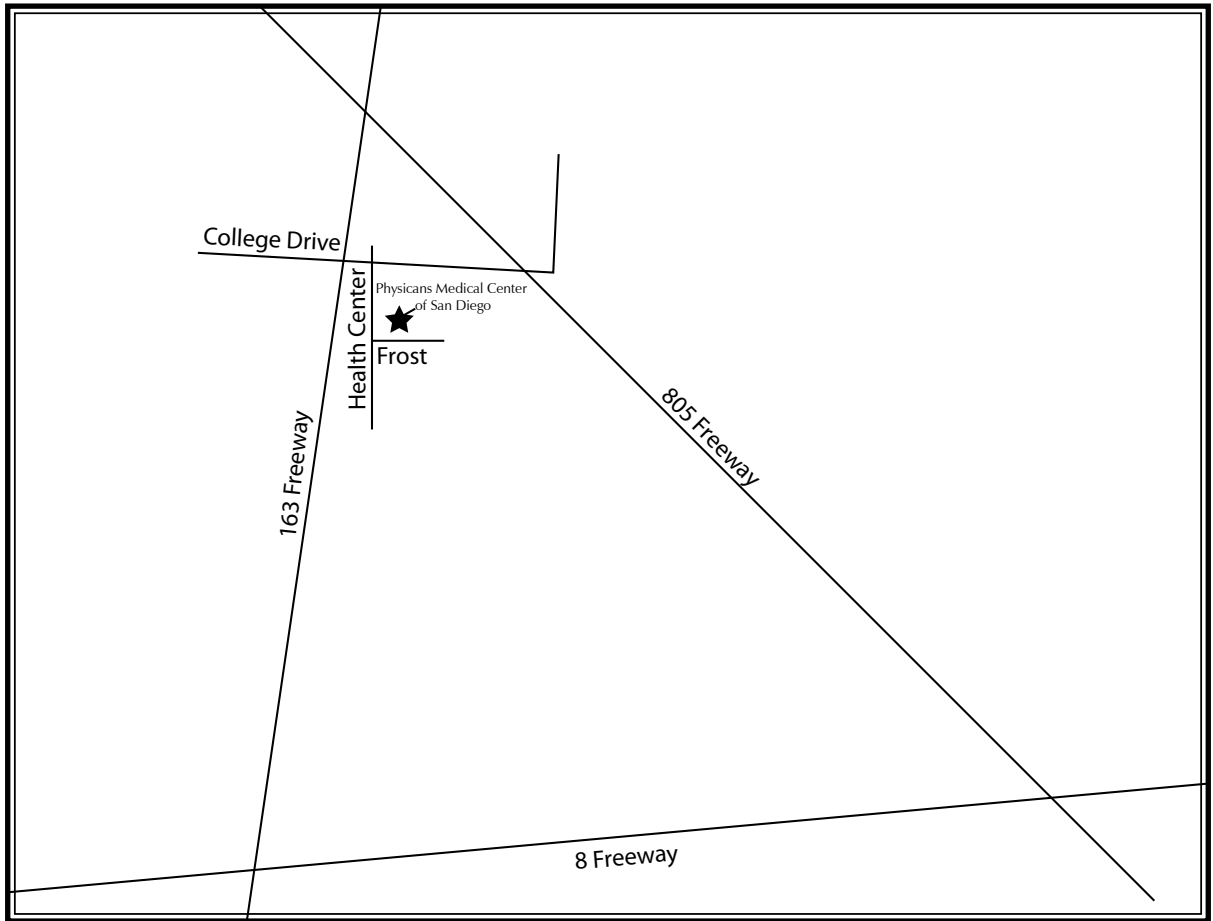
OTHER PROCEDURES:

- | | |
|--|---|
| <input type="checkbox"/> Alveoplasty | <input type="checkbox"/> Bone Grafting |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Expose & Bond |
| <input type="checkbox"/> Incision & Drainage | <input type="checkbox"/> Soft Tissue Grafting |
| <input type="checkbox"/> Lesion Evaluation | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Sleep Disorder |

CONSULTATION:

- TMJ
 Orthognathic Evaluation
 Preprosthetic
 Cleft Lip & Palate
 Implant; System Preference: _____
 Other: _____

Comments: _____



South:

**Take 163 North, Exit College Drive, Make a Right on Health Center Drive,
Make a Left on Frost**

North:

**Take 163 South, Exit Left on Genesee, Make a Left on Health Center Drive,
Make a Right on to Frost**

East:

**Take the 8 West to the 163 North, Exit College Drive,
Make a Right on to Health Center Drive, Make a Left on Frost**

West:

**Take the 8 East to the 163 North, Exit College Drive,
Make a Right on to Health Center Drive, Make a Left on Frost**