Surprise Oral & Implant Surgery

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Patient Name:	DOB:	
Consultation :		
\square Third Molars	☐ Bone Graft ☐ Exposure / Bracket ☐	□тмј
\square Extractions	\square Alveoplasty \square Sleep Apnea / Snoring	
\square Implants		
\square Apicoectomy	\square Orthognathic Surg $\ \square$ Soft Tissue / Pathology	
☐ Other:		
NOTE: Indicate teet	th to be evaluated/treated with a <i>circl</i> e. Indicate missing teeth v	with
X	in to be evaluated, treated with a energy. Indicate missing teeth of	
	A B C D E F G H I J	
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	
	<u>*</u>	
Procedure:		
☐ Third Molars	☐ Biopsy ☐ Extractions	
☐ Implants	\square Incision / Drainage \square Alveoplasty	
☐ Other:		
Radiographs:		
\square Patient to bring	\square Being sent \square Please obtain	
☐ Please return	☐ Keep ☐ Email to:	
Remarks:		
Dentist's Signature _		