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Diplomate of the American Board of Oral & Maxillofacial Surgery

Date:_____ Time _____ Day_____

Introducing_____ Telephone#_____

Referred by _____Telephone#_____

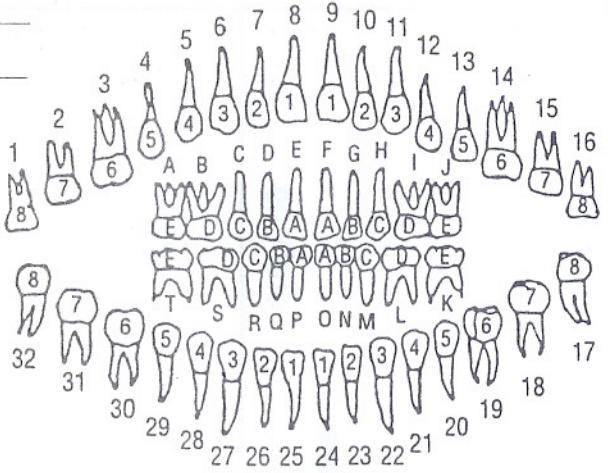
RADIOGRAPHS

- ❒ Being Mailed
- ❒ Given to Patient
- ❒ Please Take
- ❒ No X-ray Available

Please treat as indiated:

- ❒ Consultation
- ❒ Surgical Removal
- ❒ Impaction
- ❒ General Anethetic
- ❒ Alveolectomy
- ❒ Extraction
- ❒ Immediate Restoration
- ❒ Local Anesthetic
- ❒ Implant
- ❒ Cosmetic
- ❒ Other Surgery

As Charted Below:



Remarks: _____