



Clifton

ORAL & MAXILLOFACIAL
SURGERY, P. A.

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INTRODUCING

Patient: _____

Phone: _____ Date: _____

| | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| | A | B | C | D | E | | F | G | H | I | J | | | | | | |
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| | 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 | | | | | | |

PLEASE (X) TEETH TO BE EXTRACTED

Consultation/Treatment for:

Implants _____

Pathology _____

Endodontic Surgery _____

Other _____

Dr.: _____ *Phone* _____

Remarks _____
