


Date: _____

Appointment: _____

Patient's Name: _____

Patient's Phone No: _____

1 Referred for extraction of teeth indicated 

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

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

Other Instructions: _____

Referred by Dr. _____

Phone: _____

2 Ridge preservation graft (circle one):



YES NO Please Evaluate

3 Evaluate for implants in these sites: _____

to support (circle one):

Fixed Prosthesis Removable Prosthesis Please Evaluate

Please inform your doctor of any special health concerns prior to surgery appointment.