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PATIENT INFORMATION

Prior to most surgical procedures, a
 consultation is recommended.

Introducing _____

Referred by Dr. _____ Date _____

Consultation Emergency

Please evaluate and treat:

Extraction or Surgical Removal:

			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			

Pre-prosthetic Surgery

R TMJ L TMJ

Regional Pain and/or Infection

Surgical correction of mal-occlusion

Soft tissue Osseous pathology

REMARKS:

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WWW.SEORALSURGERY.COM

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