

Specialists in Oral and Maxillofacial Surgery
Joseph R. Deatherage, D.M.D., M.D.
Preston A. Gomez, D.D.S.
Michael R. Knoll, D.D.S., M.D.

1730 Burnt Boat Drive, Suite 300
 Bismarck, ND 58503
 (701) 258-7220 1-800-732-3128
 Fax: (701) 222-2329

Date: _____

Patient: _____ Birth Date: _____

Parent/Legal Guardian: _____

Address: _____

Telephone No. H: _____ W: _____

Cell Phone: _____

Referred by Dr.: _____

If teeth are to be removed, please indicate on the chart below.

PERMANENT					UPPER														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
DECIDUOUS			A	B	C	D	E	F	G	H	I	J	LEFT						
RIGHT															LEFT				
					T	S	R	Q	P	O	N	M	L	K					
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
LOWER																			

- | | | |
|---|--|--|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Immediate Denture | <input type="checkbox"/> Treatment of Cyst or Tumor |
| <input type="checkbox"/> Implant | <input type="checkbox"/> Apicoectomy | <input type="checkbox"/> Soft Tissue Biopsy |
| <input type="checkbox"/> TMJ | <input type="checkbox"/> Surgical Exposure of Impacted Teeth | <input type="checkbox"/> Removal of Tori |
| <input type="checkbox"/> Orthognathic | <input type="checkbox"/> Removal of Hyperplastic Tissue | <input type="checkbox"/> General Anesthesia or IV Sedation |
| <input type="checkbox"/> Extraction | | <input type="checkbox"/> Local Anesthesia |
| <input type="checkbox"/> Surgical Impaction | | |
| <input type="checkbox"/> Alveoloplasty | | |

Patient should not have food or fluids after midnight or 6 hours before coming to the office for a general anesthetic.

X-RAYS Sent You Take Sent with Patient No x-rays

Patient has been requested to contact your office.

Please contact this patient.

Patient has appt. on: _____

REMARKS: _____

BISMARCK

