



**Oral Surgery  
& Dental Implant Center**  
*Of Panama City*

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[www.oralurgerypanamacity.com](http://www.oralurgerypanamacity.com)

**Oral Surgery Evaluation and Treatment Request**

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_ Telephone: \_\_\_\_\_

**NOTE: Indicate teeth to be evaluated/treated with a circle.**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>						
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	
<hr/>																
<b>32</b>	<b>31</b>	<b>30</b>	<b>29</b>	<b>28</b>	<b>27</b>	<b>26</b>	<b>25</b>	<b>24</b>	<b>23</b>	<b>22</b>	<b>21</b>	<b>20</b>	<b>19</b>	<b>18</b>	<b>17</b>	
	<b>T</b>	<b>S</b>	<b>R</b>	<b>Q</b>	<b>P</b>	<b>O</b>	<b>N</b>	<b>M</b>	<b>L</b>	<b>K</b>						

\_\_\_ Wisdom Teeth Removal

\_\_\_ Extraction

\_\_\_ Socket Preservation

\_\_\_ Incision & Drainage

\_\_\_ Expose & Bond

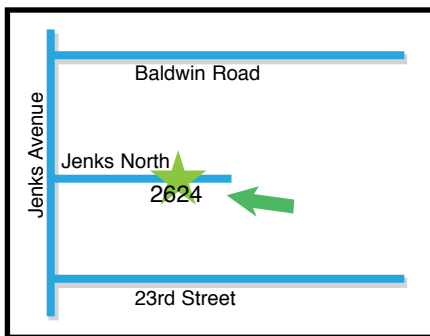
\_\_\_ Dental Implants

\_\_\_ Pre-prosthetic Surgery

\_\_\_ Pathology / Biopsy

\_\_\_ I.V. Sedation / Anesthesia

\_\_\_ Other \_\_\_\_\_



Additional Comments: \_\_\_\_\_

Signed: \_\_\_\_\_

**APPOINTMENT INFORMATION:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_