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Appointment Williams & Williams

Introducing Facial and Oral Surgery

Referring Dr. \_\_\_\_\_

PLEASE EVALUATE MY PATIENT FOR THE FOLLOWING

Extraction(s)

Tooth #(s) \_\_\_\_\_

Dental Implants

Tooth #(s) \_\_\_\_\_

TMJ

Malocclusion – Orthognathic

Maxillofacial Injury: \_\_\_\_\_ Dentoalveolar, \_\_\_\_\_ Maxilla, \_\_\_\_\_ Mandible

Biopsy

UPPER

		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
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<b>R</b>															<b>L</b>
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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								

LOWER

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_