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Oral & Maxillofacial Surgery

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Date: _____

Introducing: _____

Referred By Dr. _____

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

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

A B C D E F G H I J

T S R Q P O N M L K

Remarks: _____

Diplomate American Board of Oral & Maxillofacial Surgery