

ORAL AND IMPLANT SURGERY

Dr CHARLES E MIDDLETON

770-917-6161 / 6171

Patient Name: _____ **DOB:** _____

Consultation: **Procedure:** **Emergency:**

- Third Molars Alveoplasty Implants Exposure/Bracket Tori Apicoectomy
 Extractions Bone Graft Blospy Frenectomy I/D Orthognathic Surg
 Other: _____

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

	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							

Remarks: _____

Referring Doctor: _____ **Date:** _____

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Please visit and sign in on our web site at www.oral surgery georgia.com

