



CHEVY CHASE

IMPLANT & ORAL SURGERY

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Patient Name: _____ Date: _____

Referring Dentist: _____

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

Instructions: _____

X-Ray (Circle One):

- Emailed
- Given to Patient
- Mailed
- Please Take X-Ray

Implants (Circle One):

- Straumann
- Bicon
- 3i
- Zimmer
- Astra
- Other
- Call Us

Diplomate, American Board of Oral & Maxillofacial Surgery
 Fellow, American Association of Oral & Maxillofacial Surgery
 Recognized Specialty by American Dental Association

