

J. Reed Rayher, DDS, MD

unionsquareoralsurgery.com

Introducing: _____

Age: _____ Phone Number: _____

Extractions #: _____ Site Preservation #: _____

	Right	A	B	C	D	E		F	G	H	I	J	Left			
	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			

Implants #: _____

Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Left
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Other / Comments: _____

DIAGNOSIS

- Caries
- Pericoronitis
- Fractured tooth
- Impaction
- Periodontitis
- Abscess/Cellulitis
- Unknown
- Other: _____

RADIOGRAPHS

- Please take panorex
- Accompanying patient
- Sent via: Mail Email
- Please return radiograph(s)

SURGICAL TEMPLATE

- Will be provided
- Please make
- Date ready: _____

PROVISIONALIZATION

- Will be provided
- Please make
- Date ready: _____
- None needed

*Please email any films to: manager@unionsquareos.com

REFERRING DOCTOR _____ PHONE _____

SIGNATURE _____ DATE _____