Ahwatukee Oral & Maxillofacial Surgery

Dr. Gregory Edmonds

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Introducing _____

Referred by _____ Date _____

Appointment _____

Please Circle Teeth To Be Treated

Right																	Left
	1	2	3	A 4	B 5	C 6	D 7	E 8	F 9	G 10	H 11	I 12	J 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				

❑ Consult ❑ Extraction ❑ Biopsy

Other _____

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_____

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REORDER # 0505337