



# Triangle Oral & Maxillofacial Surgery

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FROM DR. \_\_\_\_\_ DATE \_\_\_\_\_

INTRODUCING \_\_\_\_\_ PHONE \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

PATIENT IS BEING REFERRED FOR EVALUATION OF:

- I. EXTRACTION OR SURGICAL REMOVAL OF TEETH INDICATED BY THE FOLLOWING NUMBER(S) AND/OR LETTER(S)

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

AVAILABLE RADIOGRAPHS \_\_\_\_\_ PANO \_\_\_\_\_ PAX \_\_\_\_\_

II. OTHER ORAL SURGERY

BIOPSY \_\_\_\_\_ EXPOSURE (TOOTH #) \_\_\_\_\_

APICOECTOMY (TOOTH #) \_\_\_\_\_ PREPROSTHETIC SURGERY \_\_\_\_\_

FRENECTOMY \_\_\_\_\_ OTHER \_\_\_\_\_

III. CONSULTATION:

IMPLANTS \_\_\_\_\_ TMJ PROBLEM \_\_\_\_\_

TRAUMA \_\_\_\_\_ ORTHOGNATHIC SURGERY \_\_\_\_\_

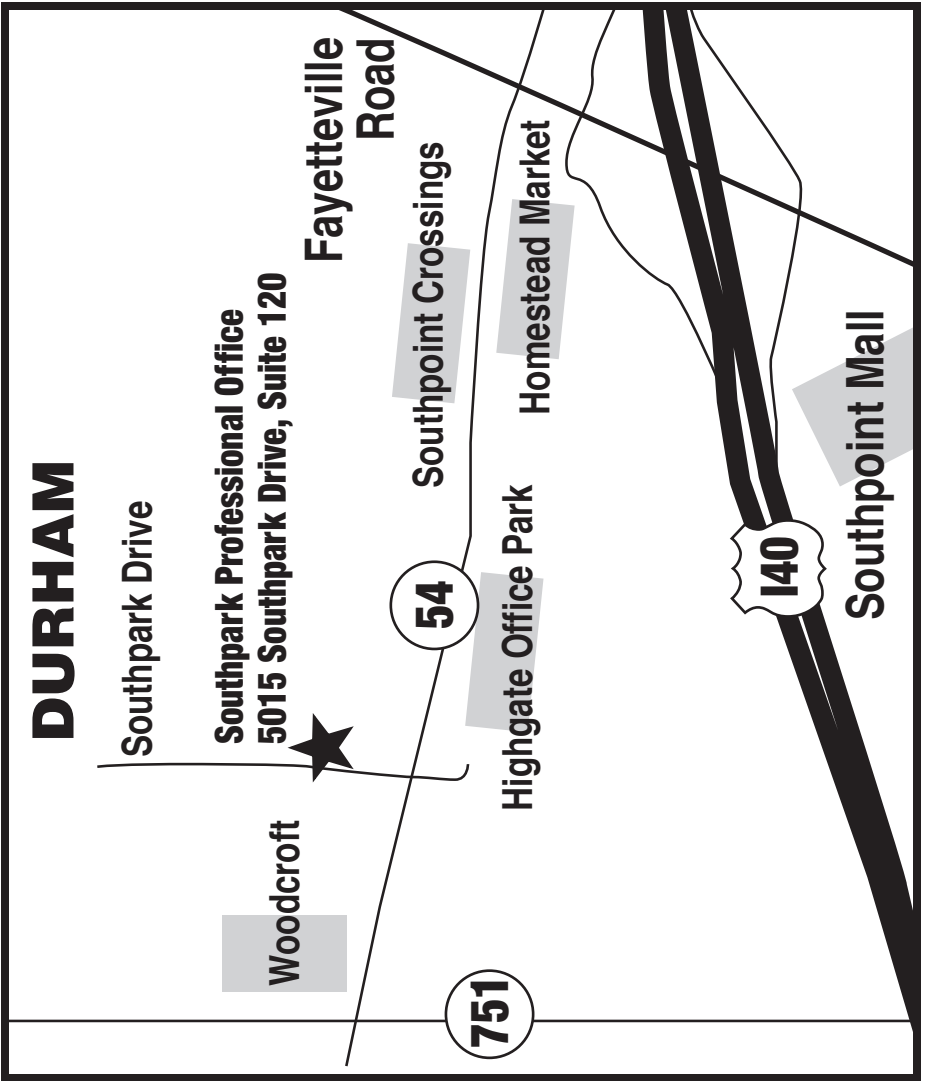
RIDGE AUGMENTATION \_\_\_\_\_ OTHER \_\_\_\_\_

IV. PERIODONTAL PROCEDURES: \_\_\_\_\_ GINGIVAL GRAFTS

\_\_\_\_\_ CROWN LENGTHENING

V. SPECIAL INSTRUCTIONS \_\_\_\_\_

**PATIENTS ARE ALWAYS SEEN FOR AN INITIAL CONSULTATION BEFORE ANY SURGICAL PROCEDURES ARE SCHEDULED.**



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