



ALBANESE

ORAL & MAXILLOFACIAL SURGERY

300 Old Forge Lane, Suite 301
 Kennett Square, PA 19348
 Phone: 484-926-6001 Fax: 484-926-6002
 Email: info@albaneseoralsurgery.com

Patient Name: _____

Referring Dr.: _____

Appointment Date: _____ Time: _____

Date: _____

Extractions

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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Wisdom Teeth

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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Implants

Expose/bond

A	B	C	D	E	F	G	H	I	J
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Pathology

T	S	R	Q	P	O	N	M	L	K
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Trauma

TMJ Disorder

CBCT

IV Sedation

Other:

Remarks: