Dr. Gary Pies **Dr. Babak Emami** **Dr. Atul Deshmukh**

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Date: _____

Introducing: _____

Referred By Dr. _____

If teeth are to be removed, please indicate on the chart below – X

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	

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

REMARKS: _____

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_____

Diplomate American Board of Oral & Maxillofacial Surgery