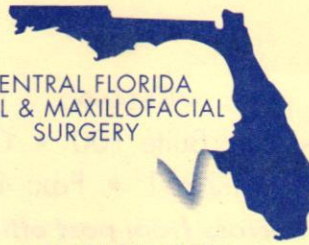


CENTRAL FLORIDA
ORAL & MAXILLOFACIAL
SURGERY



ORAL SURGERY

DANIEL J. CROFTON, D.D.S., M.D. • JEREMY R. GIES, D.M.D.
DANIEL L. BOWER, D.M.D., M.S. • DAVID E. HALL, D.D.S.
MICHAEL S. WILLIS, D.M.D.

FACIAL PAIN - TMJ

BRIAN D. FUSELIER, D.D.S. • BARRY LOUGHNER, D.D.S., M.S., Ph D.

Patient's Name _____ DATE: _____

Referred by Dr. _____

EXTRACT INDICATED TEETH:

	A	B	C	D	E	F	G	H	I	J							
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	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							

Remarks:

Consultation/Evaluation for:

- Implants
 Pathology
 Extraction
 Orthognathics
 TMJ
 Facial Pain
 Other _____

... A NOTE TO PATIENTS DESIRING IV SEDATION:

- Patients should have a consultation prior to their surgical appointment when possible in order to be informed regarding the procedures for surgery, including IV Sedation.