

CENTRAL FLORIDA  
 ORAL & MAXILLOFACIAL  
 SURGERY  
 EST. 1937



BOARD CERTIFIED ORAL SURGEONS

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FACIAL PAIN - TMJ

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:

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Consultation/Evaluation for:

- Implants   
  Pathology   
  Extraction   
  Orthognathics  
 TMJ   
  Facial Pain   
  Other \_\_\_\_\_

**\*\*A consultation will be required prior to surgery for patients desiring IV sedation\*\***