

College of Dentistry

Resident Oral Surgery clinic

Wisdom Teeth • Full Mouth Extractions • Biopsy
Dental Implants • Alveoplasty • Tori Removal

INTRODUCING _____

PATIENT PHONE _____

REFERRING DOCTOR _____

APPT. DATE _____ TIME _____

PERMANENT															
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
RIGHT								LEFT							

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

TEETH MARKED WITH **X** TO BE EXTRACTED

REMARKS _____

OMS-REFERRAL@OUHSC.EDU



ORAL AND MAXILLOFACIAL SURGERY
The UNIVERSITY of OKLAHOMA
Health Sciences Center

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