



ProSmile

IMPLANTS | ORAL SURGERY | WISDOM TEETH

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Introducing _____

Pt. Contact # _____ Date _____

- All on X: Max Mand
- Implants / Bone Graft
- Wisdom Teeth

- Oral Pathology
- GA/IV Sedation
- Other _____

Remarks/Diagnosis: _____

RIGHT

A B C D E F G H I J

LEFT

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

T S R Q P O N M L K

Referred by _____ Phone _____