

The first appointment is for EXAMINATION ONLY.

Introducing _____

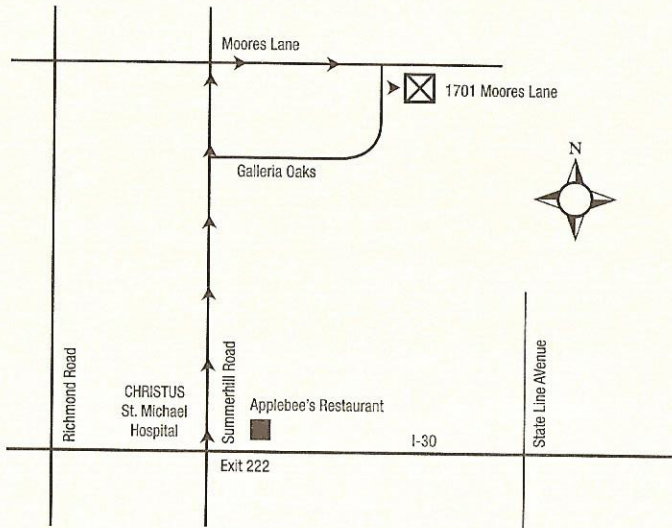
Referred By _____

Purpose of referral with pertinent information _____

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

RIGHT								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

- Extraction of indicated teeth (please circle)
- Implant evaluation
- Other



ORAL & MAXILLOFACIAL SURGEONS
OF NORTHEAST TEXAS, PLLC

1701 Moores Lane
Texarkana, TX 75503
www.omsnortheasttexas.com

Kirby Bunel, DDS
Jacob Duke, DDS
Zachary Legan, DDS, MD*
Mary Laura Hastings, DMD*

board certified
**board eligible*

tel (903) 794-3331
toll free (800) 527-1225
fax (903) 793-7217