



PATIENT NAME: _____

DATE: _____

REFERRED BY: _____

			A	B	C	D	E		F	G	H	I	J			
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			

- Wisdom Teeth Removal
- Extraction(s)
- Implant(s)
- Full Mouth Extractions
- All-on-X / Overdenture
- Tori removal
- Alveoloplasty
- IV Sedation
- Comprehensive Periodontal Exam
- Bone Grafting
- Sinus Lift
- Clinical Crown Lengthening
- Esthetic Crown Lengthening - Gummy Smile
- Biopsy Pathology
- Impacted tooth exposure / Gold chain
- Frenectomy
- Peri-implantitis
- Emergency
- Has SRP been done? Yes No
- Other _____
- Gingival Recession

Notes: _____

