SOUTHWEST ORAL SURGERY

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DIPLOMATE OF AMERICAN BOARD OF ORAL & MAXILLOFACIAL SURGERY

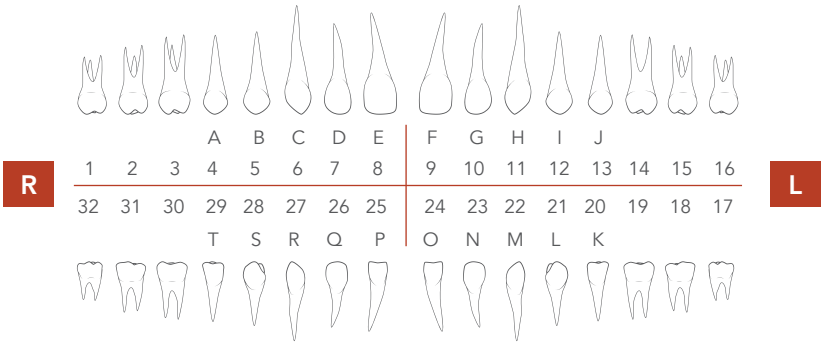
6677 W. Thunderbird Rd. Suite H-120, Glendale, AZ 85306 | P: 623.792.5794 | F: 623.792.5809

Date: _____ Patient Name: _____

DOB: _____ Patient Phone: _____

Referred by: _____ Phone#: _____

TEETH OR AREA TO BE EVALUATED



Appliance will be provided? ☐ Yes ☐ No

Radiographs Provided: ☐ PA ☐ Pano ☐ CT ☐ Other _____

IMPLANT SYSTEM PREFERENCE:

☐ Astra ☐ Nobel ☐ BioHorizons ☐ Straumann

☐ Other _____

NOTES: _____

APPOINTMENT SCHEDULED FOR:

Day: _____ Date: _____ Time: _____

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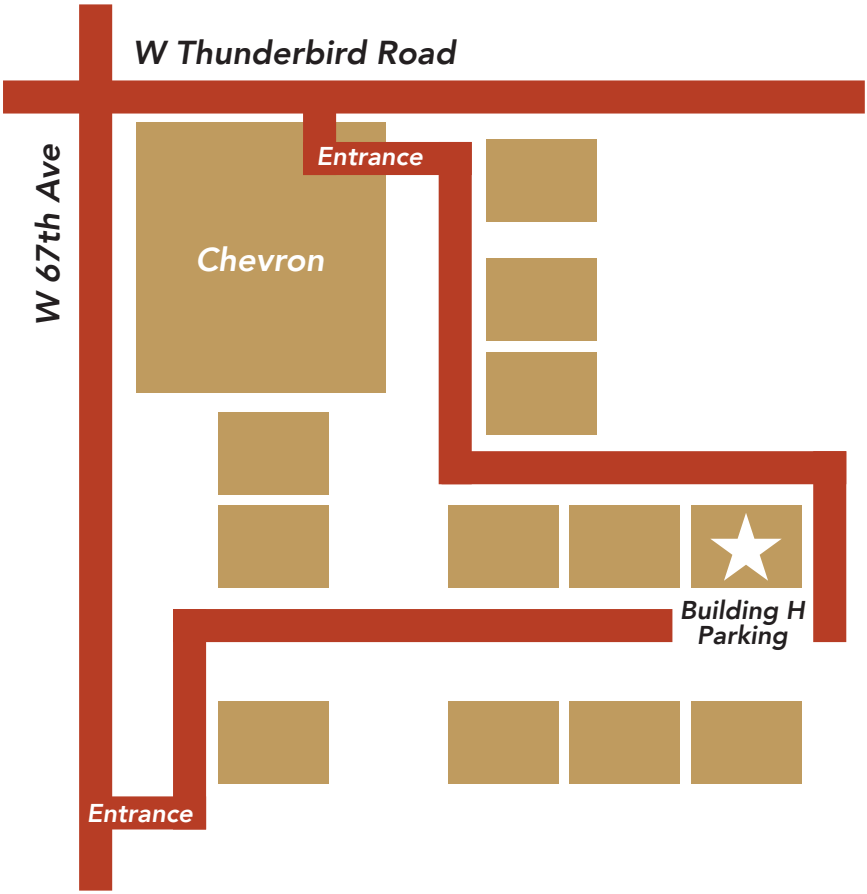

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