



Patient Name \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_

Comments/Concerns to Dr. Hargan: \_\_\_\_\_

Please remove the tooth/teeth marked below:

1	2	3	A 4	B 5	C 6	D 7	E 8	F 9	G 10	H 11	I 12	J 13	14	15	16
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32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17

Please evaluate our patient for the following:

Implant(s) in the area of: \_\_\_\_\_

for \_\_\_ overdenture \_\_\_ FPD \_\_\_ single unit \_\_\_ multi-unit

\_\_\_ Please place the abutment(s) \_\_\_ Do not place the abutment(s)

Pathology / lesion(s) in the area of: \_\_\_\_\_ Apicoectomy # \_\_\_\_\_

Exposure and bonding of chain to tooth / teeth \_\_\_\_\_

Cosmetic Facial Surgery:

\_\_\_ eyes \_\_\_ nose \_\_\_ ears \_\_\_ neck/jowls \_\_\_ brow \_\_\_ scar revision \_\_\_ lip augmentation

Facial Rejuvenation:

\_\_\_ Botox \_\_\_ Juvederm \_\_\_ Laser ( \_\_\_ acne \_\_\_ wrinkles \_\_\_ veins \_\_\_ brown spots \_\_\_ hair)