Dental Specialty Group
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# ORAL and MAXILOFACIAL SURGERY

Martin J. Milne, D.D.S., M.S.

Date: .....

Patient Name: .....

Referred By: .....

## AREAS OF CONCERN

| | | | 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 | | | | | | |

## PLEASE EVALUATE FOR:

- ☐ Extractions
- ☐ Dental Implants
- ☐ Biopsy
- ☐ Orthodontic Surgery
- ☐ Temporomandibular Dysfunction
- ☐ Surgical exposures
- ☐ Ridge Augmentation
- ☐ Tori / Torus
- ☐ Vestibuloplasty
- ☐ Other

## RADIOGRAPHS:

- ☐ Patient will bring
- ☐ Emailed to office

Remarks: .....

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