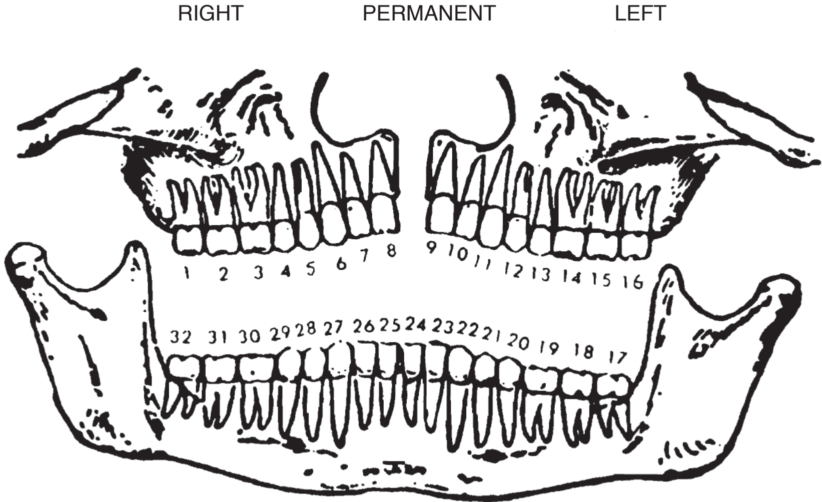
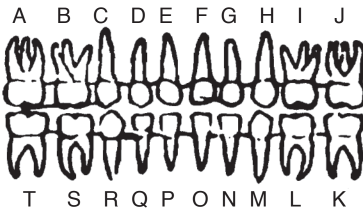
BLUE RIDGE ORAL & MAXILLOFACIAL SURGERY

54 S. Medical Park Drive
Fishersville, VA 22939
24 HOUR TELEPHONE 540-886-2956
Fax 540-886-2284
www.blueridgeoms.com

Patient's Name____



RIGHT DECIDUOUS LEFT



- ❏ ALVEOLECTOMY
- ❏ BIOPSY
- ❏ CONSULTATION
- ❏ ORTHOGNATHIC SURGERY
- ❏ APICOECTOMY
- ❏ ORO-ANTRAL FISTULA CLOSURE
- ❏ CYSTECOMY
- ❏ MAX & MAND AUGMENTATION
- ❏ FRENECTOMY
- ❏ EXCISION OF HYPERPLASTIC TISSUE
- ❏ DENTAL EXTRACTION
- ❏ DENTAL IMPLANTS
- ❏ T M J WORK UP/SURGERY
- ❏ TORUS REDUCTION
- ❏ TUBEROSITY REDUCTION
- ❏ EXPOSURE OF IMPACTED CUSPID
- ❏ INCISION AND DRAINAGE

REMARKS ____

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RADIOGRAPHS ENCLOSED YES_____ NO______ PLEASE RETURN _______________

REFERRED BY DR. _____________________________ DATE _________________________