



ADVANCED FACIAL & ORAL SURGERY

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From: Dr. _____ Date: _____

RE: _____ Pt. Ph #: _____

- | | |
|---|--|
| <input type="checkbox"/> Please extract the teeth as indicated below | <input type="checkbox"/> Please evaluate lesion as indicated in the special instructions below |
| <input type="checkbox"/> Please evaluate for implant placement in areas indicated below | <input type="checkbox"/> Please perform biopsy as indicated in the special instructions below |
| <input type="checkbox"/> Please contact this patient | <input type="checkbox"/> Please return x-rays |
| <input type="checkbox"/> Patient has been instructed to contact your office | <input type="checkbox"/> Special instructions as indicated |
| <input type="checkbox"/> Evaluate for jaw surgery | <input type="checkbox"/> Evaluate for nerve problem |
| <input type="checkbox"/> Evaluate TMJ | <input type="checkbox"/> Evaluate other |

			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			

Implant Cases

Final abutment will be placed by: General Dentist Oral Surgeon
 Prosthodontist

Special Instructions _____

DOCTOR'S SIGNATURE

DOCTOR'S PHONE #