



Park Slope Oral & Maxillofacial Surgery, LLC

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Diplomates American Board of Oral & Maxillofacial Surgery

Practice Limited to Oral & Maxillofacial Surgery

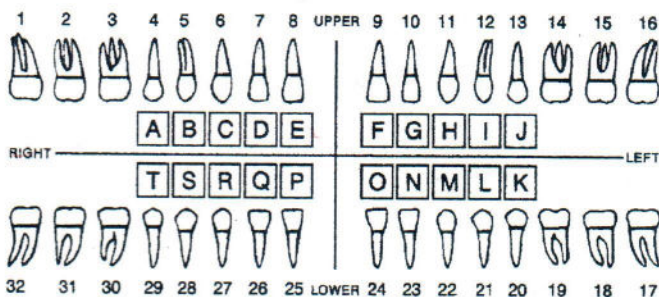
Reconstructive Dental Implantology

Patient's Name: _____

Phone: _____

Referring Dr.: _____

Phone: _____



- | | |
|--|---|
| ☐ Consult Extraction | ☐ Consult Implant |
| ☐ Surgical Extraction | ☐ Bone Replacement Graft |
| ☐ Sinus Augmentation | ☐ Endosteal Implant |
| ☐ Orthodontic Exposure | ☐ Frenectomy |
| ☐ Lesion Consult | ☐ Biopsy |
| ☐ Soft Tissue Surgery | ☐ Apicoectomy |
| ☐ TMJ/Facial Pain Consult | ☐ Other |

Notes: _____

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