



IMPLANT&SURGERY HOUSE

Complex Cases, Simple Solutions

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NOTE:

Patients requiring the use of nitrous oxide sedation should not have food or liquid for TWO (2) hours prior to surgery appointment. Please have someone with you to drive home.

INTRODUCING

Patient`s Name: _____ Date: _____

Referring Doctor: _____

Appointment: Day _____ Date _____ Time _____

(X) FOR EXTRACTION

(O) FOR EVALUATION

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

A B C D E | F G H I J

T S R Q P | O N M L K

REMARKS

Tooth Extraction

Wisdom Teeth

Dental Implant

Impacted Tooth

Surgical Exposure of Unerupted Tooth

for Orthodontic Treatment

Apicoectomy

Tori Removal

Oroantral Fistula Closure

Biopsy & Pathology

Trauma

Cone Beam CT Scan
