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INTRODUCING: _____

EVALUATE FOR: _____

IMPLANTS THIRD MOLARS EXTRACTIONS BIOPSY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J
32	31	20	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	R	O	N	M	L	K

SOCKET PRESERVATION

BONE GRAFTING WIDTH HEIGHT BOTH

SINUS AUGMENTATION

SOFT TISSUE GRAFTING WIDTH HEIGHT BOTH

PROVISIONALIZATION: REMOVABLE FLIPPER INVISIBLE RETAINER FIXED

SURGICAL TEMPLATE: WILL BE PROVIDED WILL NOT BE PROVIDED

INDEXING DESIRED? YES NO

IMMEDIATE TEMPORARY? YES NO

COMMENTS: _____

REFERRED BY: _____ DATE: _____

APPOINTMENT: _____
DATE DAY TIME