

# Oral & Maxillofacial Surgery of Lakewood

9101 Bridgeport Way S.W., Lakewood, WA 98499-2419

Phone:(253)584-0858 Fax:(253)584-1446

OMSLakewood.com

David A. Cotant, DDS

Tracy R. Johnson, DDS

Date \_\_\_\_\_

Introducing \_\_\_\_\_ Phone \_\_\_\_\_

Appointment Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

(circle as appropriate)

Please provide for my patient the treatment listed below:

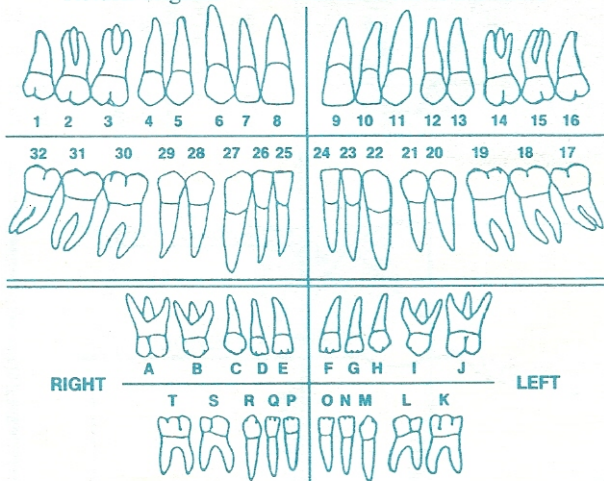
X-rays enclosed

Please take Panorex

Please send X-ray copy

Return original

Extract teeth as indicated



RIGHT

LEFT

Alveoplasty

Soft Tissue Trim

Frenectomy

Immediate Denture

Tori

Ridge Augmentation

Implants (Type \_\_\_\_\_, # \_\_\_\_\_)

Biopsy \_\_\_\_\_

Other \_\_\_\_\_

Remarks \_\_\_\_\_