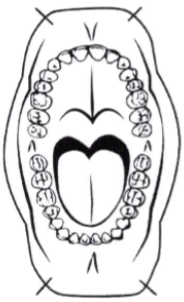
William Shin, DDS
5520 Castleberry Rd Suite 300
Cumming, GA 30040
Phone: 470-239-4289
Fax: 770-888-8128
info@jawlineoralsurgery.com
www.jawlineoralsurgery.com

Patient Name _____ Date _____

Patient Phone _____ DOB _____

Referring Doctor _____

Referring Doctor Phone _____ E-mail _____



Area to be Treated

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

Oral Surgery Procedures

- ❑ Extraction
- ❑ Wisdom Teeth Removal #_____
- ❑ Implant (s)_____
- ❑ Exposure and Bond #_____
- ❑ Bone Grafting / Ridge Augmentation
- ❑ Infection
- ❑ Pathology / Biopsy
- ❑ Sinus Augmentation
- ❑ Sinus Repair
- ❑ Alveoloplasty
- ❑ Torus Removal
- ❑ Frenectomy
- ❑ Facial Trauma
- ❑ Apicoectomy
- ❑ Other

Radiographs

- ❑ Emailed to info@jawlineoralsurgery.com
- ❑ Given to Patient
- ❑ Please take

Notes

_____