



SMILE 1 DENTAL GROUP

Oral Facial & Implant Surgery

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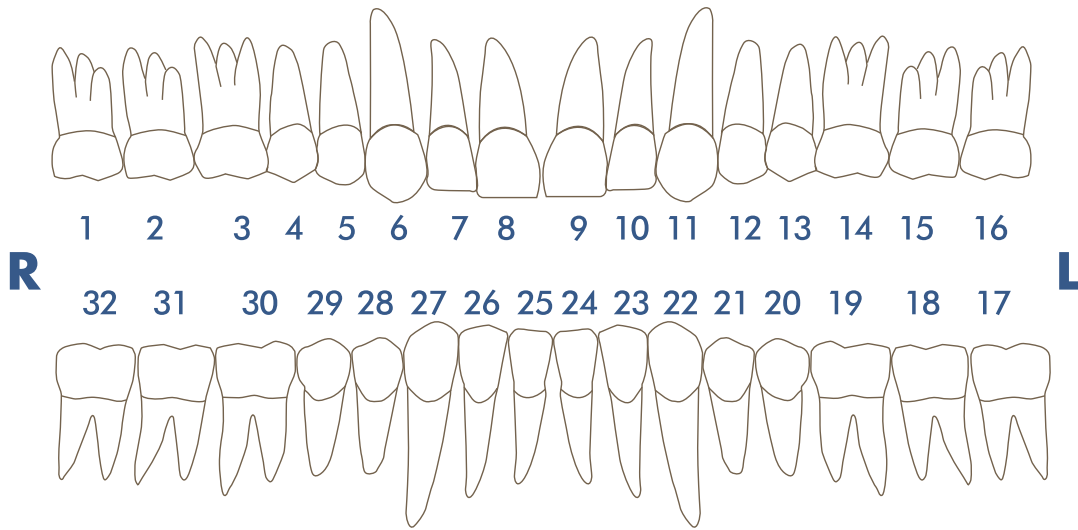
Date: _____

Introducing: _____

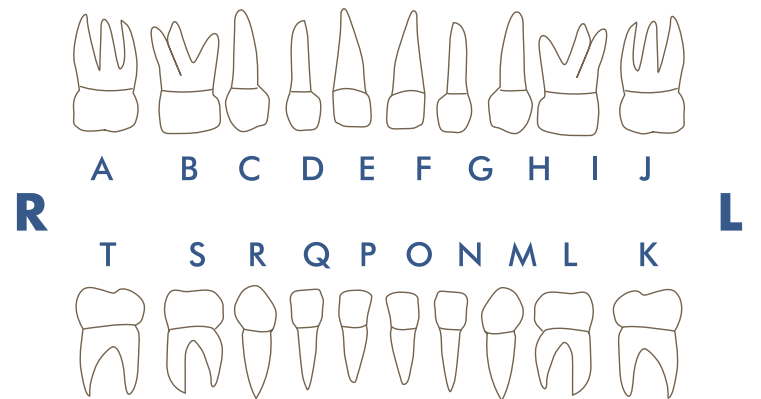
Referred by Dr. _____

Surgery to be performed: _____

Permanent



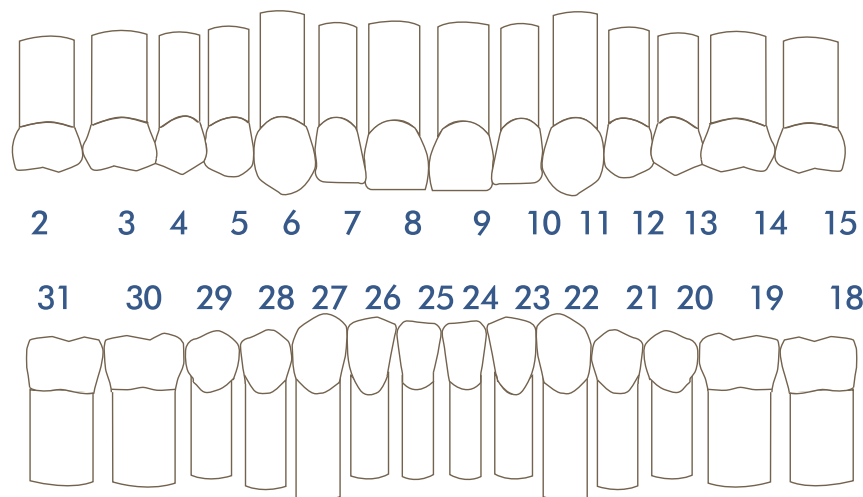
Deciduous



MARK (X) FOR EXTRACTION

Comments: _____

Implant Placement



PLEASE SHADE IMPLANT(S) TO BE PLACED

AUXILIARY PROCEDURES: _____

IMPORTANT NOTICE

If general anesthesia or sedation is requested, please do not eat or drink for at least 8 hours before appointment. You will need to arrange a ride home.

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