Valley Dental Surgery & Implant Center

Practice Focused on Sedation, Wisdom

Hani Jamah, BDS, DDS Dental Surgeon

Valley Dental Surgery

& Implant Center



| ORAL S | URGERY REFERRA | | lease Evaluate F Bone Grafting | or The Followin | ng Treatment |
|---------------------------------------|---|-----|--|-----------------|---------------------------------|
| Today's Date | | | lmplants | ☐ Wisdom Teeth | ☐ Tori/Alveoloplasty |
| Introducing Patient Phone | | _ | Exposure & Bracketi Treatment Under Se Bone Expansion / Ri | ng edation | ☐ Cyst Removal☐ Biopsy☐ CT Scan |
| Referred By Referring Doctor Pho | one | | $\omega \omega \omega \omega$ | NNNAAA | All On Four Implants |
| your appointment; t appreciated. | specifically for you. If by necessity you must can he courtesy of at least 48 hours advance notice i 8 years of age must be accompanied by a parent | Mai | (1)(2)(3)(4)(5) | | 13 14 15 16 LEFT 20 19 18 17 |
| X-Rays: Sent by Mail Sent via e-mail | ☐ Given to patient ☐ Take X-Ray | _ | ecial Instructions | | - |

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