



IMPLANT&SURGERY HOUSE

Complex Cases, Simple Solutions

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NOTE:

Patients requiring the use of nitrous oxide sedation should not have food or liquid for four (4) hours prior to surgery appointment. Please have someone with you to drive home.

INTRODUCING

Patient's Name: _____ Date: _____

Referring Doctor: _____

Appointment: Day _____ Date _____ Time _____

(X) FOR EXTRACTION

(O) FOR EVALUATION

1 2 3 4 5 6 7 8
32 31 30 29 28 27 26 25

9 10 11 12 13 14 15 16
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

REMARKS

☐ Tooth Extraction

☐ Apicoectomy

☐ Cone Beam CT Scan

☐ Wisdom Teeth

☐ Tori Removal

☐ _____

☐ Dental Implant

☐ Oroantral Fistula Closure

☐ _____

☐ Impacted Tooth

☐ Biopsy & Pathology

☐ _____

☐ Surgical Exposure of Unerrupted Tooth

☐ Trauma

☐ _____

for Orthodontic Treatment