

LAKEWAY ORTHODONTICS

Patient Name: Donovan Amster Date: 1/10/12

Referring Doctor (print): Dykes Telephone: 512-263-2993

Dr. Signature: (Signature)

☐ General Dentist ☐ Periodontist ☒ OMFS ☐ Pediatric Dentist

Services:

☐ Orthognathic Surgery ☐ Pathology ☐ Dental Exam/Prophy/Perio/Caries/TxPlan

☐ TMJ Evaluation ☐ PA or occlusal film

☒ Extract 3rd molars (#s 1, 16, 17, 32)

☐ Evaluate and recommend for extraction or eruption (ft _____)

☒ Expose tooth (#s 6) and bond a chain, so we can erupt the tooth

☐ Extract tooth (#s _____) Supernumerary (# _____ position indicated by')

☐ Frenectomy

Remarks: _____

Maxillary Permanent Dentition

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R																	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Mandibular Permanent Dentition

Maxillary Primary Dentition

	A	B	C	D	E	F	G	H	I	J	
R											L
	1	S	R	Q	P	O	N	M	L	K	

Mandibular Primary Dentition

X-Rays/Records

☒ Pan ☐ Photos

☐ Ceph

You are being referred to: Afford

Doctor Office Name: _____