

# PROFILES

ORAL FACIAL SURGERY EXPERTS

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INTRODUCING \_\_\_\_\_

PATIENT PHONE \_\_\_\_\_

REFERRING DOCTOR \_\_\_\_\_

APPT. DATE \_\_\_\_\_ TIME \_\_\_\_\_

- ORTHOGNATHIC SURGERY CONSULTATION
- CLEFT LIP & PALATE / CRANIOFACIAL
- TMJ CONSULTATION

## PERMANENT

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

RIGHT

LEFT

## PRIMARY

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

TEETH MARKED WITH **X** TO BE EXTRACTED

REMARKS \_\_\_\_\_

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