

Arthur J. Hernandez, D.D.S., P.A.
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 210-408-7182

Patient Name: _____ **Phone:** _____ **DOB:** _____

Referring Dentist: _____ **Phone:** _____

Consultation:

- Third Molars Bone Graft Exposure / Bracket Apicoectomy
 Extractions Alveoplasty Soft Tissue / Pathology Implants
 Other: _____

NOTE: Indicate teeth to be evaluated with a circle. Indicate missing teeth with X

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

Procedure:

- Third Molars Biopsy Extractions
 Implants Incision / Drainage Alveoplasty
 Other: _____

Radiographs:

- Patient to bring Send by mail Please obtain
 Please return Attached Email to: hernandezddspa@sbcglobal.net

Remarks: _____

Significant Past Medical History: _____

Dentist's Signature: _____ **Date:** _____