

OAKRIDGE ORAL SURGERY

DR. RAYMON GREWAL

DR. SPENCER LIN

CERTIFIED SPECIALISTS
ORAL AND MAXILLOFACIAL SURGERY

Date: _____

Introducing: _____

DOB: _____

Cell: _____

Home: _____

Email: _____

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

- | | | |
|--------------------------------------------------|-------------------------------------------|------------------------------------|
| <input type="checkbox"/> Bone Graft/Sinus Lift | <input type="checkbox"/> Cyst/Tumour | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Preprosthetic Surgery | <input type="checkbox"/> Fractures | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> Oral Diagnosis/Medicine | <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Exposure/Upright | <input type="checkbox"/> T.M.J. |

Dr. _____

Tel. _____

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