

PH: 970-663-6878
 FX: 970-888-3908
 7251 W. 20TH ST., BLDG. P
 GREELEY, CO 80634

REYNOLDS ORAL & FACIAL SURGERY



RALPH R. REYNOLDS, DMD, MD
 BOARD CERTIFIED ORAL & MAXILLOFACIAL SURGEON

PH: 970-663-6878
 FX: 970-663-2669
 3520 E. 15TH ST., STE. 102
 LOVELAND, CO 80538

APPOINTMENT INFORMATION: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify our office at least **48 hours** in advance.

Today's Date: _____ Appt. Date: _____ Time: _____

Patient's Name: _____

Patient's Tel #: _____

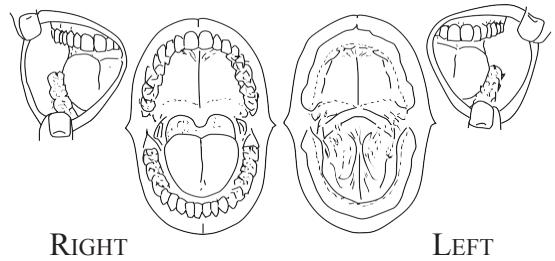
Referred By: _____ Phone: _____

PLEASE SELECT TEETH OR AREA TO BE TREATED:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
R			A	B	C	D	E	F	G	H	I	J			L
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PLEASE INDICATE TYPE OF VISIT:

- Implant For:
 - Implant Supported Dentures
 - Implant Supported Crown & Bridge
- Extractions
- Bone Grafting
- Preprosthetic Surgery
- Orthognathic Surgery
- Facial Fracture
- Sleep Apnea
- Facial Cosmetic or Reconstructive Surgery
- TMJ Consultation
- Pathology Evaluation & Possible Biopsy
- Diagnostic X-Rays



ADDITIONAL COMMENTS: _____

- PLEASE CALL ME CONCERNING THIS PATIENT
- X-RAYS SENT WITH PATIENT
- X-RAYS MAILED
- X-RAYS SENT VIA E-MAIL
- PLEASE TAKE AN X-RAY