

# Chico Oral Surgery and Implant Center

## Eric Barnes, DDS

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_  
 Referral Courtesy of: \_\_\_\_\_

**Please check desired procedure:**

- Extraction(s)  Incision and Drainage  Biopsy
- Implant #(s): \_\_\_\_\_  Alveoloplasty
- Bone Graft/Implant Site Preparation  Expose and Bond
- Other \_\_\_\_\_

**Consultation:**

- Oral/Facial Lesion  TMJ  Orthognathic Surgery
- Other: \_\_\_\_\_

Right	A	B	C	D	E	F	G	H	I	J	Left				
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			

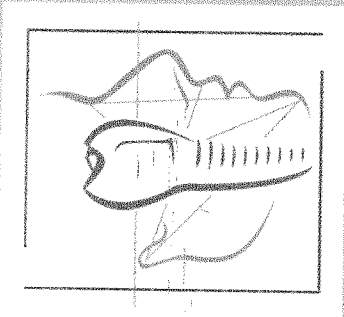
Please verify tooth for extraction:

(ie: right maxillary 2nd molar)

**Radiographs:**

- to be mailed  to be emailed  given to patient  please take new ones

**Comments:**



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