

Oral & Maxillofacial Surgery

118 Tilley Drive, Suite 102 South Burlington, Vermont 05403 (802) 862-9196 www.CVOMS.com

Fax: (802) 862-5769 Toll Free: (877) 447-0291

Charles R. Bowen, DMD___ Scott M. Bowen, DMD, MD MPH___

Thomas W. Connolly, DMD___ Paul A. Danielson, DMD___ Matthew C. Poore, DDS ___

Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel your appointment, please notify us at least two days in advance. * **Please Note: An evaluation/consultation visit is needed before surgery with general anesthesia can be scheduled.**

Appointment Date: _____ Time: _____

Patient's Name: _____ Date of Birth: ____/____/____

Patient's Telephone Number: _____ Work Number: _____

Referred By: _____ Date: _____

Copy to: _____

Special Instructions: _____

Please Circle Teeth to be Treated

Right		Left
01 02 03 04 05 06 07 08		09 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25		24 23 22 21 20 19 18 17
A B C D E		F G H I J
T S R Q P		O N M L K

Evaluation

- Extraction (Circle Teeth Number)
- Implants
- Orthognathic
- TMJ

Other Procedures

- Apicoectomy
- Frenectomy
- Exposure
- Lesion Evaluation
- Infection
- Tori
- Other _____

Radiographs

- Enclosed
- Given To Patient
- Please Take