



THE DENTAL
EXPERIENCE

DR. ANISH GUPTA, DDS, ORAL SURGEON

*Extractions * Wisdom Teeth * IV Sedation * Dental Implants * Pre-Prosthetic Surgery *
*Orthognathic Surgery * Dental-Facial Injuries * TMJ Problems *

PATIENT: _____ DOB ____/____/____

PATIENT PHONE: _____

IF MINOR PARENT/GUARDIAN: _____

REFERRING DENTIST: _____

APPOINTMENT DATE AND TIME: _____

TREATMENT REQUESTED: _____

X-RAYS SENT:

YES

NO

HOW:

EMAIL

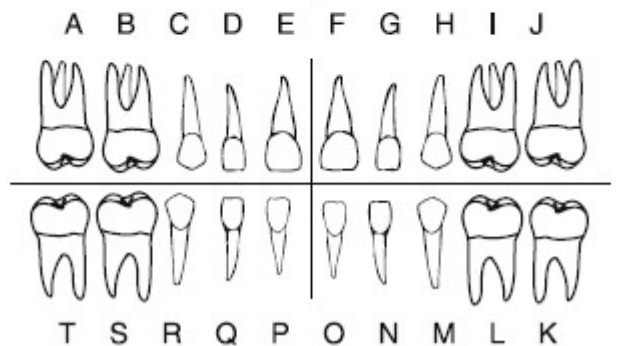
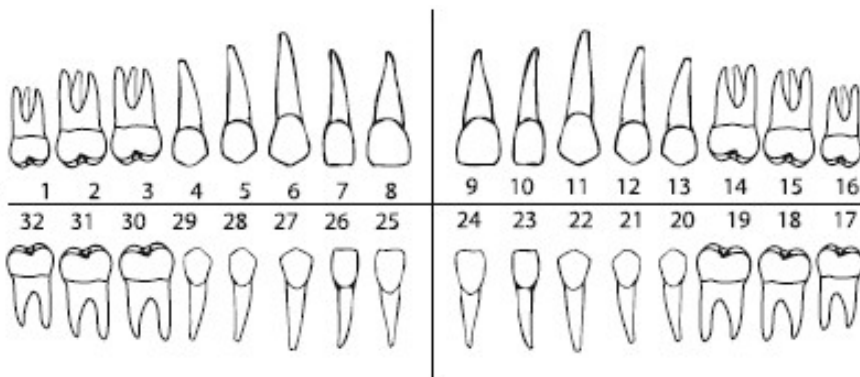
MAIL

WITH PATIENT

SEDATION:

YES

NO



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