



SUBURBAN

ORAL SURGERY, LLC

*Richard J. Clark, III, DDS
Nicholas A. Hatges, DMD
J. David Bradford, II, DMD*

Date:

Patient Name:

Phone:

Doctor Name:

Phone:

Appt. Date:

Time:

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A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

- | | |
|--|---|
| <input type="checkbox"/> Wisdom Teeth Removal | <input type="checkbox"/> TMJ/Facial Pain Evaluation |
| <input type="checkbox"/> Extraction(s) | <input type="checkbox"/> Pre-prosthetic Surgery |
| <input type="checkbox"/> Bone Graft | <input type="checkbox"/> Evaluate Lesion/Growth |
| <input type="checkbox"/> Evaluation for Implants | <input type="checkbox"/> Incision & Drainage |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Periapical Surgery |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Orthodontic Exposure |
| <input type="checkbox"/> Other _____ | |

Nothing to eat or drink 8 hours prior to surgery. Please bring a responsible party to escort you home as no driving is allowed for 24 hours after surgery.

SPRINGFIELD

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HAVERTOWN

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