



**UTAH VALLEY**  
**ORAL & MAXILLOFACIAL SURGERY**  
 CHRISTOPHER C. BURTON DDS, MS | DAVID W. NICHOLLS DDS

**DIPLOMATES, AMERICAN BOARD OF ORAL & MAXILLOFACIAL SURGERY**

Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referred by Doctor: \_\_\_\_\_

Dental Implant / Preprosthetic Evaluation

Please Extract the Following Teeth:

Emergency Treatment / Infection

Oral Pathology Evaluation / Biopsy Area: \_\_\_\_\_

Facial Trauma Evaluation / Treatment

Orthognathic Surgery / Reconstructive Surgery

TMJ Evaluation and Treatment

Sleep Apnea Evaluation

Endodontic Surgery (Apicoectomy)

Remarks: \_\_\_\_\_

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			

Recent Radiographs:

Please Take New Radiographs

Mailed to Your Office

Accompanying Patient

Specific Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please Call Before Starting Treatment