Norris Oral &Facial Surgery

Olena Norris, DDS

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Patient Name _____

Referring Dr._____

Appt. Date/Time _____

Procedure(s):

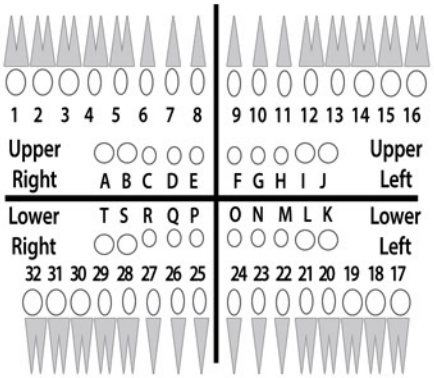
☐ Extraction(s)	☐ Implant(s)	☐ Crown lengthening	☐ Facial Trauma
☐ Frenectomy	☐ Tori Removal	☐ Incision and Drainage	☐ Bone graft
☐ Biopsy	☐ Expose and Bond	☐ Sinus augmentation	☐ 3D Cone Beam CT

☐ Other Procedure(s)_____

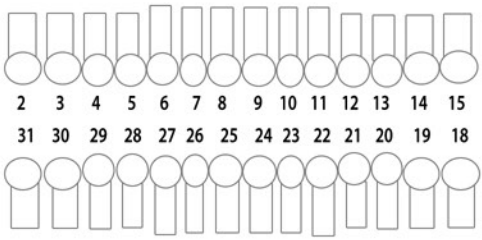
Comments:_____

_____

Please mark proposed extraction site



Please shade proposed impant site



Radiographs: ☐ Being emailed ☐ Given to patient ☐ Please obtain

Surgical Template: ☐ To be provided by restorative dentist ☐ To be fabricated by surgeon

Special Instructions:

Please bring all pertinent medical information and a list of all medications you are currently taking.
Patients under 18 must be accompanied by a parent or legal guardian at the time of the initial consultation.