

Patient \_\_\_\_\_ Age/DOB \_\_\_\_\_

Phone \_\_\_\_\_

Date attached radiograph was taken \_\_\_\_\_

\_\_\_\_\_ Implant Consult    \_\_\_\_\_ Implant Preference    \_\_\_\_\_ Extractions

\_\_\_\_\_ Trauma    \_\_\_\_\_ Biopsy/Path    \_\_\_\_\_ Expose/Bond    \_\_\_\_\_ Other

|    |    |    |    |    |    |    |    | A  | B  | C  | D  | E  | F  | G  | H  | I | J |  |  |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|--|--|
| 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 |  |  |

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- A parent or legal guardian must accompany patients 17 years old or younger
- Please bring a list of your current medications, a picture ID and your dental insurance card
- If sedation is required, the first appointment will be a consultation and the patient will return another day for surgery.
- Please visit our website to complete pre-registration forms at [centralcarolinaoralsurgery.com](http://centralcarolinaoralsurgery.com)

Date \_\_\_\_\_

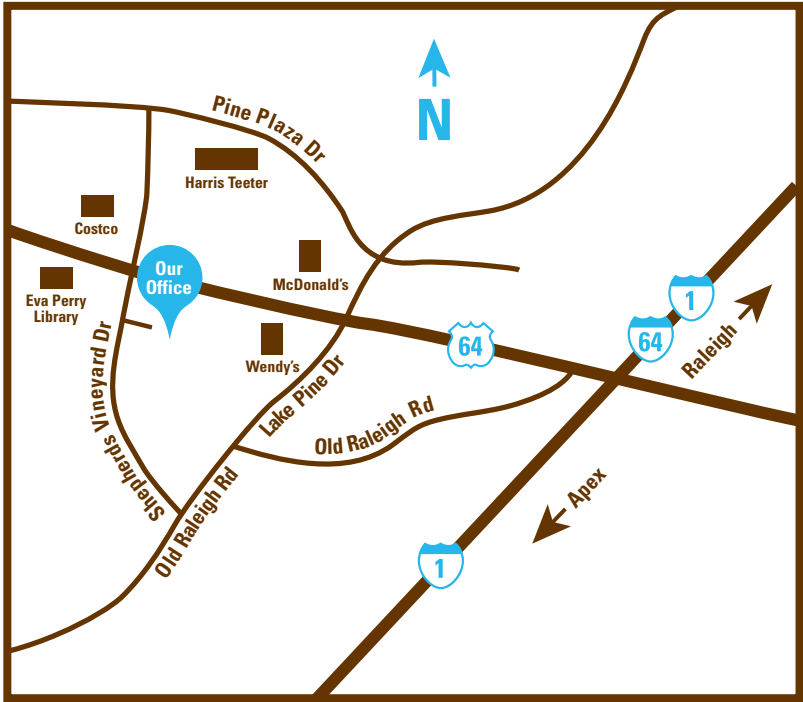
Referring Doctor \_\_\_\_\_

Office Phone Number \_\_\_\_\_

**Gabriel W. Fritz, D.D.S.**

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Diplomate, American Board of Oral & Maxillofacial Surgery



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