



Frank L. Hoffman, DMD

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Diplomates of the American Board of  
Oral & Maxillofacial Surgery

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Referring Dentist \_\_\_\_\_

Appointment \_\_\_\_\_

PLEASE REMOVE THE TEETH WHICH ARE CIRCLED.

R I G H T	1 2 3 4 5 6 7 8	9 10 11 12 13 14 15 16	L E F T
	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	
	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	
	32 31 30 29 28 27 26 25	24 23 22 21 20 19 18 17	
	A B C D E	F G H I J	
	E D C B A	A B C D E	
	E D C B A	A B C D E	
	T S R Q P	O N M L K	

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

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**Patient Information:** If you will be receiving intravenous sedation, you must not eat for 6 hours prior to the procedure. Water is permitted up to 2 hours prior to the procedure. A driver must accompany you to the office and remain in the office during the procedure. For more information please visit [CarbonOralSurgery.com](http://CarbonOralSurgery.com).