



Frank L. Hoffman, DMD

Diplomate 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 _____

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.

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