



WILLIAM G. BAST, DMD
The Center for Implants and Oral Surgery

William G. Bast, DMD
 Diplomate American Board of Oral and Maxillofacial Surgery
 Diplomate National Dental Board of Anesthesiology

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Patient Information:

Date: Month: Day: Year:

First Name:

Last Name:

Telephone:

Referring Doctor Information

Referred By:

Telephone:

Email:

Extractions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
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				A	B	C	D	E					F	G	H	I	J
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				T	S	R	Q	P					O	N	M	L	K

Please Verify
 Teeth for
 Extraction:

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Other Procedures

- Alveoloplasty
- Biopsy
- Incision and Drainage
- Lesion Evaluation
- Exposure
- Hard Tissue
- Infection
- Expose and Bond
- Soft Tissue
- Frenectomy

Consultation

- TMJ
- Implants
- Orthognathic Evaluation
- Pre-Prosthetic
- Cleft Lip and Palate
- Cosmetic
- Other

Implant Placement

Radiographs or Clinical Photos

- Being Mailed
- Given to Patient
- Please Take

Notes: