



DR. BRIAN FANGMAN
Diplomate American Board of Oral Maxillofacial Surgery

W: www.altitudeofs.com
P: 720.328.4990
F: 720.328.4994

5600 W. 44th Ave., #100, Denver, CO 80212
18335 E. 103rd Ave., #102, Commerce City, CO 80022

Date: _____

Introducing: _____

Referring for: _____

Referred by: _____ Telephone: _____

FOR IMPLANT EXTRACTION OR BONE GRAFT CONSIDERATION

| | | a | b | c | d | e | | f | g | h | i | j | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| | 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 | | | | |

- | | |
|---|--|
| <input type="checkbox"/> Third Molar/Extraction | <input type="checkbox"/> Ridge Augmentation |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Sinus Augmentation |
| <input type="checkbox"/> Bone Replacement Graft | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Orthodontic Exposure | <input type="checkbox"/> Skeletal Surgery/ Orthognathic Surgery |
| <input type="checkbox"/> TMJ Eval | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ortho Anchorage | |

Special Instructions or Remarks: _____

IV Sedation and General Anesthesia Instructions

Do not eat or drink for 8 hours prior to scheduled appointment.
Bring a responsible adult with you to drive you home and stay with you the day of surgery.
Minors must be accompanied by a parent or legal guardian.



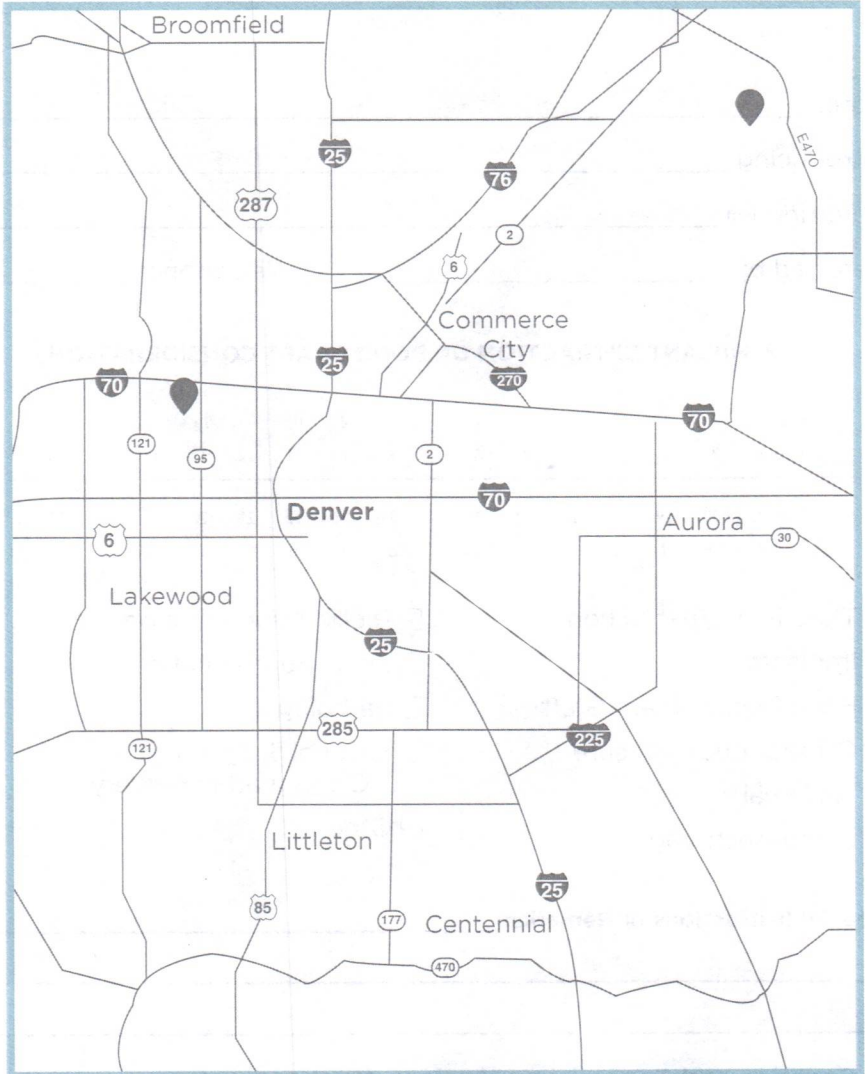
DR. BRIAN FANGMAN

Diplomate American Board of Oral Maxillofacial Surgery

E: info@altitudeofs.com

W: www.altitudeofs.com

P: 720.328.4990 F: 720.328.4994



18335 E. 103rd Ave., #102
Commerce City, CO 80022

5600 W. 44th Ave., #100
Denver, CO 80212