



High Desert & Anthem

Oral Surgery & Implant Center, PLC

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Brown "Skip" Harris, D.D.S.
Oral and Maxillofacial Surgeon

TODAY'S DATE: _____

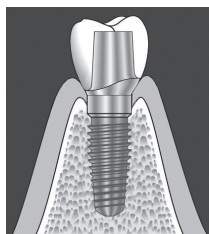
PATIENT NAME: _____

PHONE #: _____

Please evaluate and extract:

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						

Please evaluate and place implant(s) at: _____



Please provide custom abutment in Metal or White

Tx Planned for Fixed Hybrid Restoration

Overdenture Other _____

Type of Provisional? _____

Please expose and bracket: _____

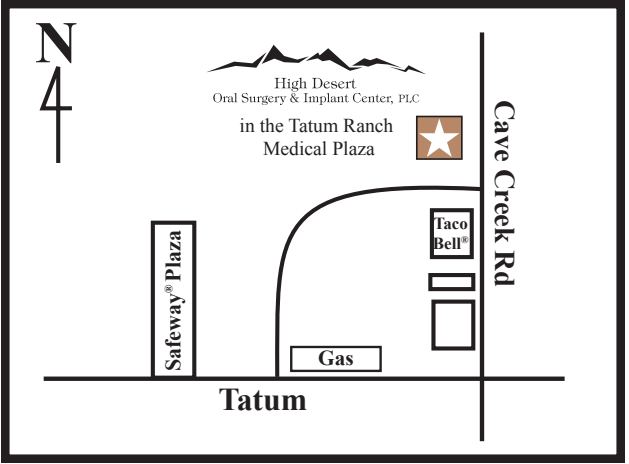
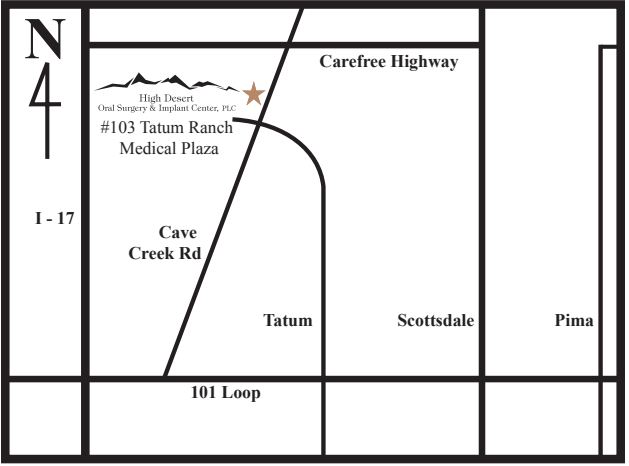
Please evaluate finding for pathology: _____

Other: _____

X-ray Dates: Panorex _____ FMX _____

Referring Doctor: _____

High Desert Location



Anthem Location

