

Date \_\_/\_\_/\_\_

Introducing \_\_\_\_\_

Remarks \_\_\_\_\_

Dr. \_\_\_\_\_

**Right**

**Left**

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

Local Anesthesia

Nitrous oxide

Oral / IV Sedation

**NEW CANAAN & WESTPORT  
ORAL & MAXILLOFACIAL SURGERY**

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