

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			

Reminder

Patients anticipating the use of intravenous sedatives must not take any food or fluids by mouth for 6 hours prior to visit and be accompanied by a responsible adult. Please call the office to inquire and arrange for these services prior to your appointment

**NEW CANAAN
ORAL AND MAXILLOFACIAL SURGERY, P.C.**

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