



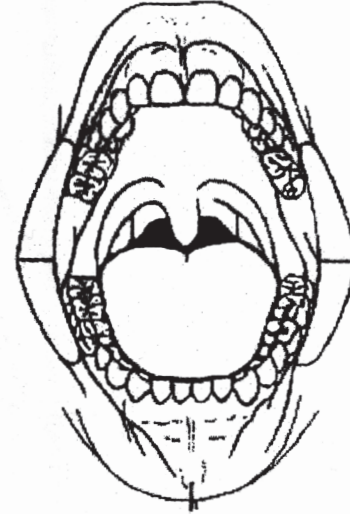
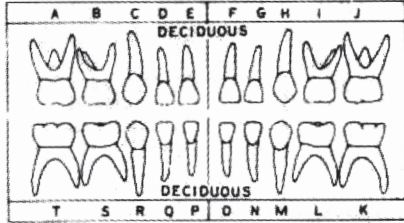
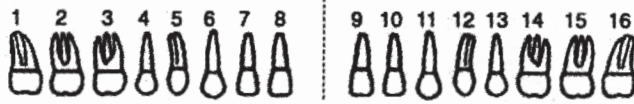
# Indy Oral Surgery

Introducing: \_\_\_\_\_

Date: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Referred By: \_\_\_\_\_



### Surgical Plan:

Extractions: \_\_\_\_\_

Other: \_\_\_\_\_

### Tentative Prosthetic Plan:

Bridge: \_\_\_\_\_

Implant: \_\_\_\_\_

Maxillary Denture \_\_\_\_\_

Immediate/Conventional: \_\_\_\_\_

Partial/Full: \_\_\_\_\_

Maxillary Denture \_\_\_\_\_

Immediate/Conventional: \_\_\_\_\_

Partial/Full: \_\_\_\_\_

Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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(317) 295-2211

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3701 North Everbrook Lane  
(765) 216-1633

**Terre Haute**  
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(812) 917-2151

**Indy (Northside)**  
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