



Carolina Oral & Maxillofacial Surgery

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Appointment Information: This time is reserved specifically for you. If, by necessity, you must cancel your appointment for surgery, please notify us at least 24 hours in advance.

Date _____ Time _____ Day _____

Introducing _____

Referred by Dr. _____ Today's Date _____

Extract teeth indicated

Evaluate and treat for the following:

lesion indicated

snoring or sleep disorder

infection

nasal airway obstruction

implants in area indicated

facial cosmetic surgery

Other: _____

Please circle teeth to be treated

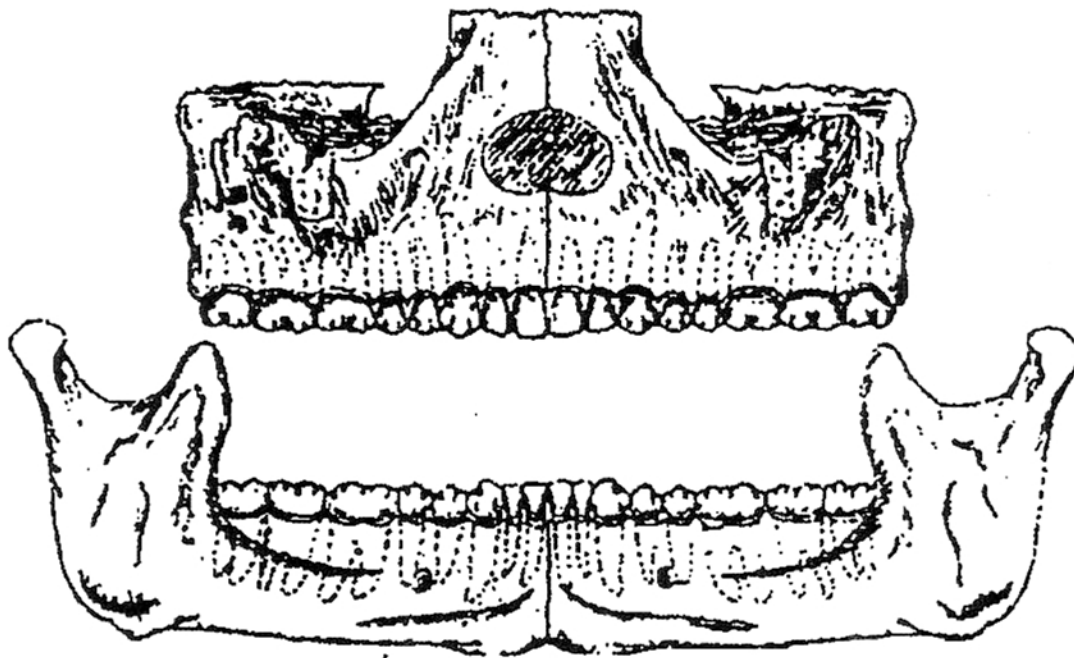
Right

Left

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

Deciduous

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K



Soft Tissue Chart

