



# GREATER COLUMBUS ORAL SURGERY & DENTAL IMPLANTS

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Treatment: \_\_\_\_\_

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

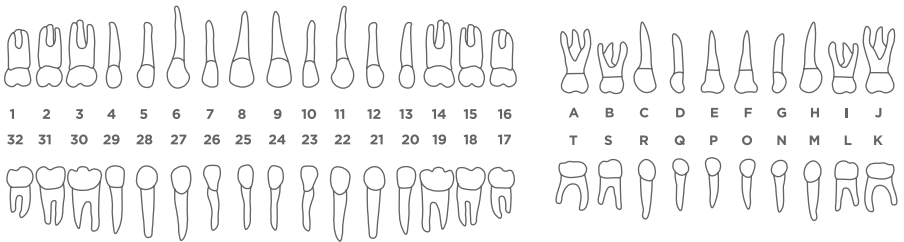
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Doctor & Location:

**Dr. Joshua T. Smith, DDS**  
3824 Hoover Road  
Grove City, OH 43123  
P: 614.875.1611 | F: 614.875.1687  
info@oralsurgerycolumbus.com

**Dr. Brian A. Stern, DMD**  
40 Hidden Ravines Drive  
Powell, Ohio 43065  
P: 740.549.0501 | F: 740.549.4907  
powellxray@oralsurgerycolumbus.com

### PLEASE MARK AREA TO BE TREATED



### Consultation/Procedure:

- Extraction (see above chart)
- Hard Tissue
- Exposure
- Infection
- Implant
- Expose and Bond
- Biopsy
- Bone Graft
- Frenectomy
- Soft Tissue
- i-CAT (Cone Beam CT)
- Tori/Exostosis Removal

### Radiographs/Clinical Photos

- Being Mailed
- Please Take
- Attached
- Given to Patient
- No X-ray

### Comments:

## Locations:

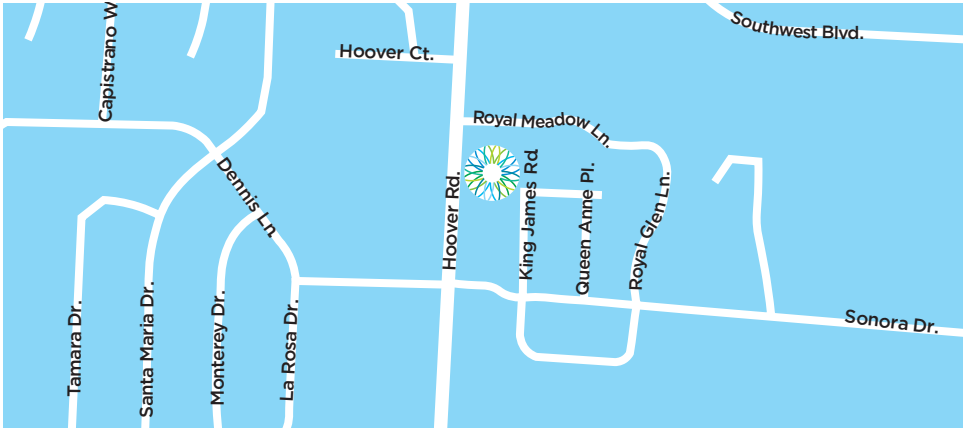


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