

JUDD E. PARTRIDGE, DMD



ORAL & MAXILLOFACIAL SURGERY OF UTAH

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

Today's Date: _____

Appt. Date: _____ Time: _____

Patient's Name: _____

Referring Dr.'s Name: _____

Referring Dr.'s Phone: _____

- Extraction(s)
- Alveoplasty
- Lesion & Evaluation
- Incision & Drainage
- Exposure
- Biopsy
- Infection
- Expose & Bond
- Soft Tissue
- Frenectomy
- Other _____
- IMPLANTS _____

- ### CONSULTATION
- TMJ
 - Orthognathic Evaluation
 - Implants
 - Pre-Prosthetic
 - Ridge Augmentation
 - Sleep Apnea
 - Facial Cosmetic Surgery
 - Oral / Facial Lesion
 - Carious or Abscessed Teeth
 - Bone Grafting
 - Other _____

PLEASE MARK (X) TEETH AND/OR AREA TO BE TREATED

