



# COLORADO ORAL SURGERY AND IMPLANTS

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This will introduce \_\_\_\_\_  
FIRST NAME LAST NAME

### FOR ORAL SURGERY CONSIDERATION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				A	B	C	D	E	F	G	H	I	J		
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				T	S	R	Q	P	O	N	M	L	K		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

<input type="checkbox"/> THIRD MOLAR EXTRACTION	<input type="checkbox"/> IMPLANTS	<input type="checkbox"/> ORTHODONTIC EXPOSURE
<input type="checkbox"/> PATHOLOGY	<input type="checkbox"/> HARD TISSUE GRAFTING	<input type="checkbox"/> RIDGE AUGMENTATION
<input type="checkbox"/> GINGIVAL GRAFTING	<input type="checkbox"/> CONNECTIVE TISSUE GRAFTING	<input type="checkbox"/> SINUS AUGMENTATION

Special Instructions or Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Instructions to Patients:

You have been referred for specialized care to an oral & maxillofacial surgeon. Please assist us in providing the following information at the time of consultation:

- New patient forms downloaded at [www.colorado-os-implants.com](http://www.colorado-os-implants.com)
- List of all medication (prescription and nonprescription)
- Your dental insurance information and identification cards if applicable