



Park Slope Oral & Maxillofacial Surgery, LLC

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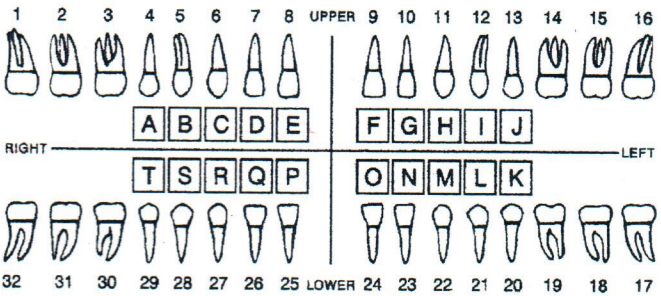
Diplomates American Board of Oral & Maxillofacial Surgery
Practice Limited to Oral & Maxillofacial Surgery
Reconstructive Dental Implantology

Patient's Name: _____

Phone: _____

Referring Dr.: _____

Phone: _____



- Consult Extraction
- Surgical Extraction
- Sinus Augmentation
- Orthodontic Exposure
- Lesion Consult
- Soft Tissue Surgery
- TMJ/Facial Pain Consult
- Consult Implant
- Bone Replacement Graft
- Endosteal Implant
- Frenectomy
- Biopsy
- Apicoectomy
- Other

Notes: _____

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