

Columbia
ORAL SURGERY



NORMUND K. AUZINS, D.D.S., L.L.C.
Oral & Maxillofacial Surgeon

1725 St. Helens Street
St. Helens, Oregon 97051
Tel: 503.366.4248
Fax: 503.366.4281
drauzins@hotmail.com
www.columbiaos.com

Date _____

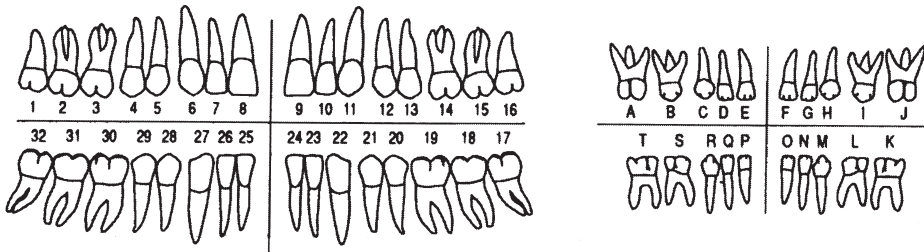
Introducing _____ Age _____

Contact (Parent/Guardian) _____

Telephone (HOME) _____ (Work) _____

Referred by Dr. _____ Phone _____

PLEASE CIRCLE THE AFFECTED TOOTH, TEETH, OR AREA



EXTRACT TEETH NUMBER(S): _____

Other surgery requested:

- Evaluate: #1, #16, #17, #32
- Evaluate / Biopsy Site: _____
- Orthodontic Exposure / Bracket Chain Placement : _____
- Dental Implants: SITE (S) _____
- Please call patient for an appointment
- Patient will call for an appointment
- X-Ray needed
- Current PA / PANO available

REMARKS: _____

DOCTOR COPY