

columbia  
park  
oral surgery



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Date \_\_\_\_\_

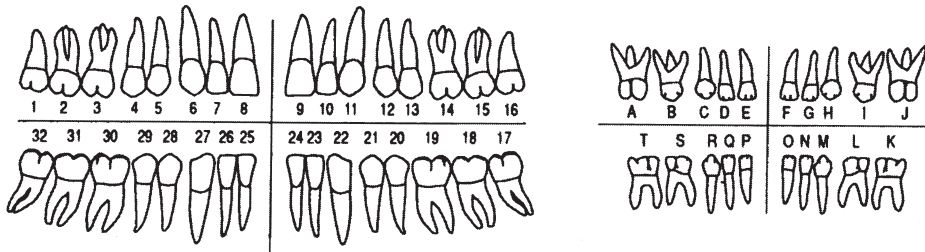
Introducing \_\_\_\_\_ Age \_\_\_\_\_

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
- X-Ray needed
- Patient will call for an appointment
- Current PA / PANO available

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCTOR COPY**