



GRIFFIN

CENTER for
ORAL & MAXILLOFACIAL SURGERY

JOHN E. GRIFFIN, D.M.D., FACS

300 HOSPITAL DR, COLUMBUS, MS | 662.327.2100 | FAX: 662.327.2105

Patient Name: _____ Phone: _____

DOB: _____ Insurance: _____ ID: _____

Subscriber Name: _____ DOB: _____

Referring Doctor: _____ Date of Referral: _____

Panoramic Xray taken: YES NO (Please email panoramic xrays to xray.griffin@gmail.com)

PLEASE CIRCLE TEETH TO BE TREATED

Right

Left

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Deciduous

E	D	C	B	A	A	B	C	D	E
E	D	C	B	A	A	B	C	D	E

Extraction

OTHER PROCEDURES (please indicate below)

Alveoplasty Infection Frenectomy Lesion Evaluation Expose & Bond

CONSULTATION

TMJ Implants Orthognathic Evaluation Facial Cosmetic Sleep Apnea

Special remarks/instructions: _____

