



KISSIMMEE ORAL SURGERY

Raphael Ason, DMD, MD
Shin Joseph Kim, DDS

Board Certified Oral & Maxillofacial Surgeons

Patient: _____ Date: _____

Referred by: _____

EXTRACT INDICATED TEETH:

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	A B C D E				F G H I J												
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	T S R Q P	O N M L K															

Reason for visit: _____

Consultation/Evaluation for:

- ☐ Implants
- ☐ Pathology
- ☐ Extraction
- ☐ Crown Lengthing
- ☐ TMJ
- ☐ Facial Pain
- ☐ Orthognathics
- ☐ Other _____

Prior to first appointment:
Please scan QR code and fill out
registration form to completion



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Visit our website: www.KissimmeeOralSurgery.com

our website: