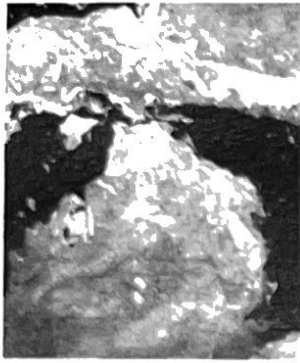


Great Lakes Oral and Maxillofacial Surgery P.C.



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☐ **R. Scott Sheperd, DDS**

☐ **Sean J. Stringer, DDS**

☐ **Matthew S. DeMerle, DDS, MD**

☐ **First Available**

☐ 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 Dentition

☐ A ☐ B ☐ C ☐ D ☐ E

☐ F ☐ G ☐ H ☐ I ☐ J

☐ T ☐ S ☐ R ☐ Q ☐ P

☐ O ☐ N ☐ M ☐ L ☐ K

☐ **Extract tooth or remnant indicated above**

☐ **Place implant in position indicated above**

RADIOGRAPHS:

☐

Enclosed

☐

Please return

☐

Obtain current

Special Instructions:

Date of Referral: _____ **Date of Birth:** _____

Presenting: _____ **Phone:** _____

Referred By: _____

We look forward to seeing you.

Also, see us at greatlakesoms.com