



**HARRY Y. CANTER, JR., D.D.S., P.A.**  
 556-C CYNWOOD DRIVE  
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 (410) 822-1183

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Patient Phone \_\_\_\_\_

Referred By Dr. \_\_\_\_\_

**EXTRACTIONS (Please indicate teeth below)**

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

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

- \_\_\_\_\_ Orthodontic Adjunctive Procedures
- \_\_\_\_\_ Implants or Preprosthetic Surgery
- \_\_\_\_\_ Orthognathic or Trauma Surgery
- \_\_\_\_\_ TMJ Evaluation
- \_\_\_\_\_ Oral Pathology
- \_\_\_\_\_ Salivary Gland Dysfunction
- \_\_\_\_\_ Infection
- \_\_\_\_\_ Reconstructive Surgery
- \_\_\_\_\_ Apicoectomies
- \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Medical History of Significance \_\_\_\_\_

\_\_\_\_\_ Special Instructions or Remarks \_\_\_\_\_

Radiographs: \_\_\_\_\_ Enclosed  
 \_\_\_\_\_ Please Take One