



# VALLEY

## ORAL AND MAXILLOFACIAL SURGERY

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Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Phone \_\_\_\_\_ DOB \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Please mark requested  
extractions with an "X"**



### FACIAL PROCEDURES

- ☐ Orthognathic Evaluation
- ☐ MARPE or SARPE (circle)
- ☐ Pathology (write location of lesion in notes)
- ☐ TMJ Evaluation
- ☐ Facial Trauma
- ☐ Esthetic Surgery
- ☐ Other \_\_\_\_\_

### ORAL SURGERY PROCEDURES

- ☐ Extraction, Tooth # \_\_\_\_\_
- ☐ Wisdom Teeth Removal # \_\_\_\_\_
- ☐ Evaluation for Implants # \_\_\_\_\_
- Restorative Plan: ☐ Crown/Bridge
- ☐ Overdenture ☐ Fixed Full Arch
- ☐ Exposure of Tooth # \_\_\_\_\_
- ☐ Expose and Bond ☐ Exposure Only
- ☐ Kokich Exposure
- ☐ Other \_\_\_\_\_

**Radiographs:** ☐ Emailed to [info@valley-oms.com](mailto:info@valley-oms.com)  
☐ Given to Patient ☐ Please Take

**Notes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To patient:** Please bring your insurance information with you to your appointment. If your referring doctor's office provided you with X-rays please bring those as well.