



VALLEY

ORAL AND MAXILLOFACIAL SURGERY

Dr. Thomas G. Inman Jr.

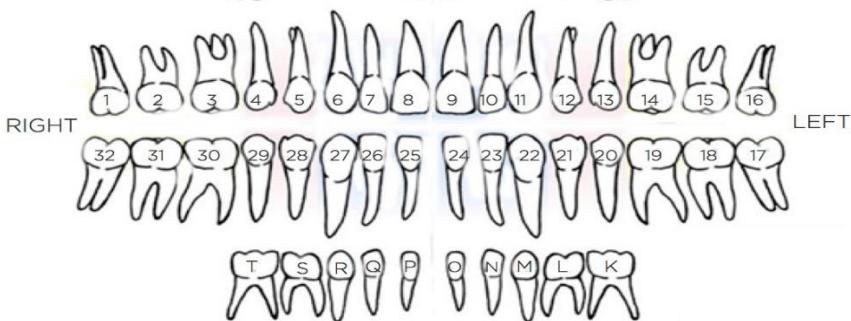
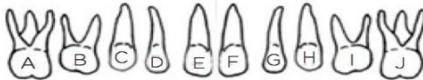
Thomas G. Inman, DDS
11811 Hinson Road
Suite 100
Little Rock, AR 72212
P: 501-444-2429
F: 501-232-6562
E: info@valley-oms.com
www.valley-oms.com

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

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.