

**DANIEL E. ESPOSITO, MD, DMD, PC**  
Board Certified Oral and Maxillofacial Surgeon

Swedish Healthpark Southwest  
6179 South Balsam Way, Suite 100 Littleton, CO 80123  
ph 303.933.8282 fx 303.948.5610  
www.ImplantAndOralSurgery.com FrontDesk@ImplantAndOralSurgery.com

Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

Referred by Doctor: \_\_\_\_\_

Last Panoramic Film Taken: \_\_\_\_\_

The Following Procedure is Indicated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Deep Conscious and Intravenous Sedation Patients ONLY.

1. Do not eat or drink for eight hours before scheduled appointment
2. Bring an adult to drive and accompany you home.
3. Minors must be accompanied by parent or legal guardian.