BAY STATE ORAL SURGERY ASSOCIATES, INC

Board Certified Oral and Maxillofacial Surgeons

Oral Surgery and Implantology

Xue Yu (Shay) Shen, D.M.D.

- Tel: (508)755-0008 ▪ Fax: (508)770-0603
- Address: 9 Linden Street, Worcester, MA 01609
- Email: baystateoralsurgery@gmail.com
- Website: www.baystateoms.com

Date: _____

Patient's Name: _____

Referring Doctor/Office: _____

Referring Doctor Telephone: _____

For Consideration of The Following

☐ Extraction of teeth ☐ Impacted teeth ☐ Expose and bond

☐ Biopsy/pathology ☐ Dental implants ☐ Lesion Evaluation

☐ Pre-prosthetic surgery ☐ Other: _____

Please Mark (X) If for Extraction

Permanent Teeth															
Upper Right								Upper Left							
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
Lower Right								Lower Left							

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

Xray: ☐ With Patient ☐ Email ☐ Being Mailed ☐ No Xray

Remarks: _____

_____

_____