



ORAL SURGERY ASSOCIATES

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Diplomates American Board of Oral and Maxillofacial Surgery

Introducing: _____

From Dr.: _____

Appointment Date & Time: _____

Radiographs: Given to Patient Mailed E-Mailed
 Please take No X-ray

(X) for Extraction

R	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	L
	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							
R	T	S	R	Q	P		O	N	M	L	K							L

Remarks:

PATIENTS PLEASE READ THE FOLLOWING

Your initial visit will be for consultation only. This will enable us to evaluate your problems and prepare a treatment plan tailored to your specific needs.

Unmarried patients under eighteen (18) years of age must be accompanied by a parent or a legal guardian at the time of the initial consultation.

Please bring BOTH your medical and dental insurance information with you on the day of your consultation appointment.

