



Northwest Florida Oral & Maxillofacial Surgery

Brett T. Laggan, DDS

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Phone: (850) 478-7070 • Fax: (850) 476-2513

www.northwestfloridaoms.com

Date: _____ Referred By Dr.: _____

Patient Name: _____ DOB: _____

Patient Phone Number: _____

☐ Dental Implants

☐ Orthognathic Evaluation

☐ Bone Grafting / Sinus Lift

☐ Pre-Prosthetic / Alveoloplasty

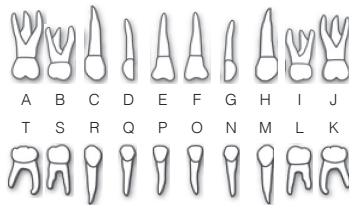
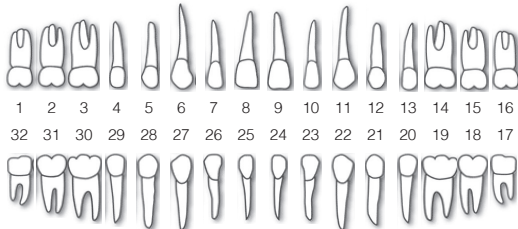
☐ Lesion Evaluation / Biopsy

☐ Cleft Palate / Alveolus

☐ Exposure / Bonding & Bracketing

☐ Extractions / Impactions

☐ Other Consultation

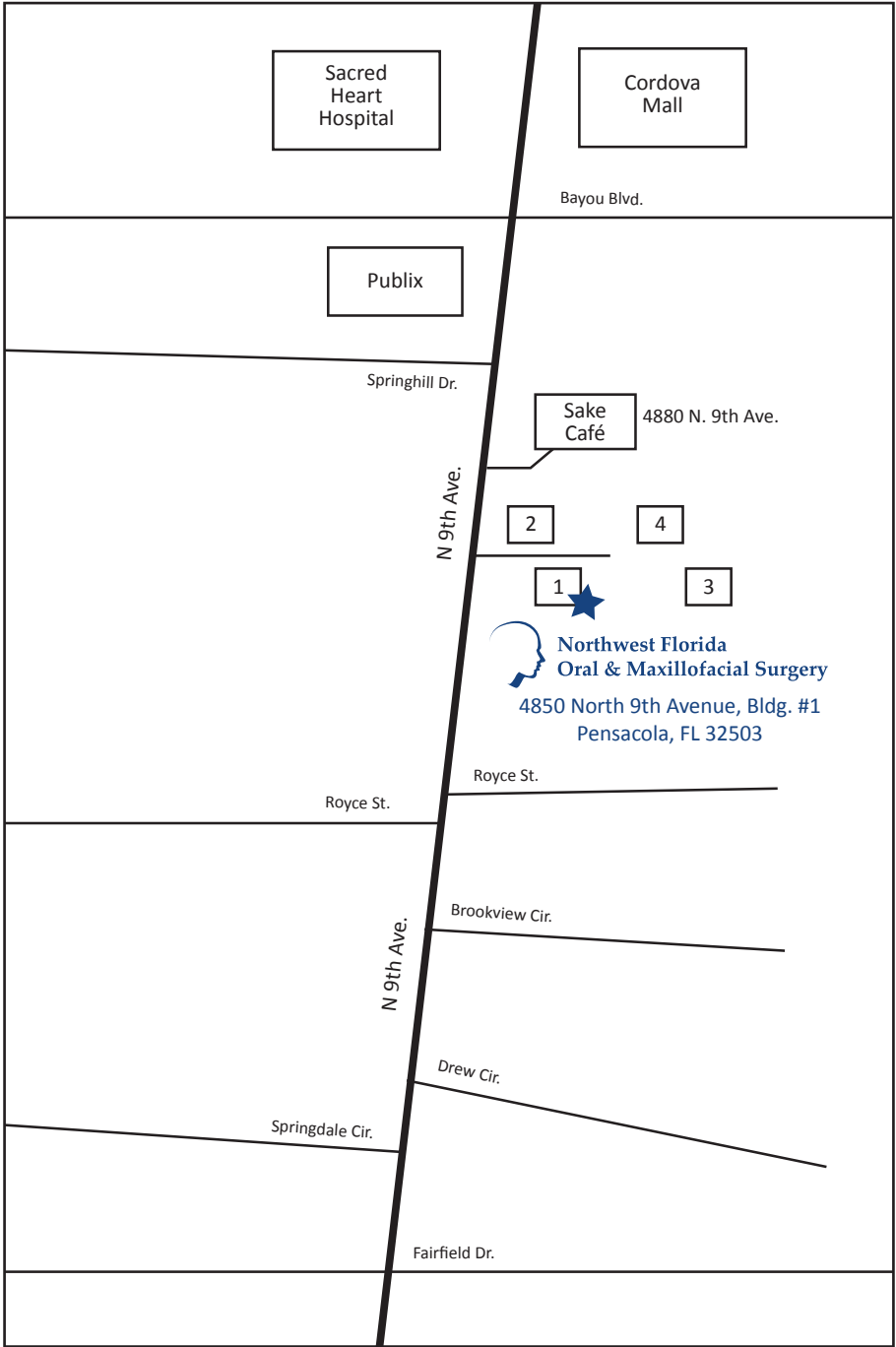


Please Indicate Teeth For Evaluation / Treatment

Comments: _____



Diplomates of the American Board of Oral and Maxillofacial Surgery



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