



BOSTON ORAL & FACIAL SURGERY LLC

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Boston, MA 02111
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Patient Name: _____ DOB: _____

Contact Phone: _____

Consultation:

Third Molars	Bone Graft	Exposure / Bracket	Implants
Extractions	Alveoplasty	Apicoectomy	Pathology
Incision / Drainage	Other: _____		

NOTE: Indicate teeth to be evaluated/treated with a circle.

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

Radiographs:

Patient to bring _____ Being sent _____ Please obtain _____ Please return _____

Remarks: _____

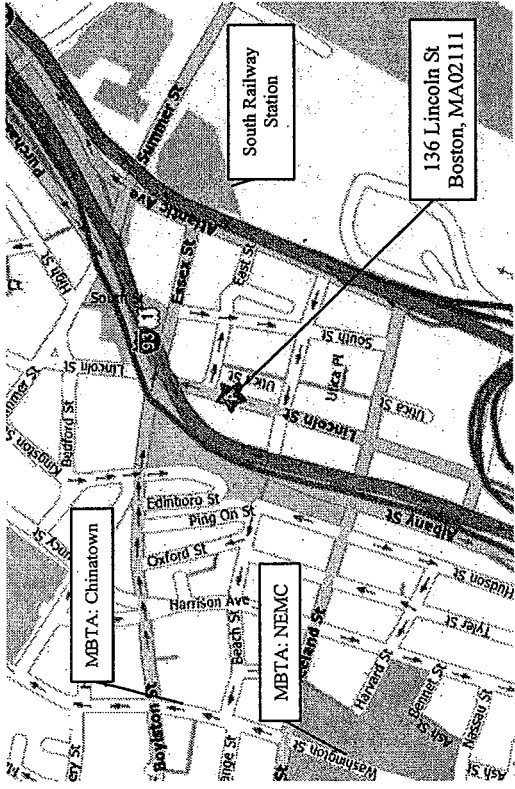
Dentist's Signature: _____ Date: _____

Office Phone: _____

Please bring this form and a list of your current medications to your first appointment.

Please bring medical, dental insurance cards and photo ID.
We accept most major insurances.

Children under 18 **MUST BE** accompanied by a legal guardian.



From South:
 I-93 N toward BOSTON
 Take EXIT 20 toward I-90/S. STATION
 Take the exit toward SOUTH STATION/CHINATOWN.
 Stay STRAIGHT to go onto LINCOLN ST
 Our office is on the RIGHT, across from multi-level parking facility

From North:
 I-93 S toward BOSTON
 Take the PURCHASE ST exit, EXIT 23.
 Turn SLIGHT LEFT onto PURCHASE ST/JOHN F FITZGERALD SURFACE RD.
 Continue to follow JOHN F FITZGERALD SURFACE RD.
 Turn LEFT onto KNEELAND ST.
 Turn LEFT onto LINCOLN ST.
 Our office is on the RIGHT, across from multi-level parking facility

Train Stations:
 RED LINE: South Station
 Head SOUTHWEST on ATLANTIC AVE toward ESSEX ST, Turn RIGHT at ESSEX ST, Turn LEFT at LINCOLN ST

ORANGE LINE: Chinatown
 Head SOUTH on ESSEX ST, Turn RIGHT at LINCOLN ST

GREEN LINE: Boylston
 Head EAST on BOYLSTON ST onto ESSEX ST, Turn RIGHT at LINCOLN ST