

# Oral Surgery

**Dr. Tudor Stiharu, DMD, FRCD(C)**

14344 Burnhaven Drive  
Burnsville, MN 55306  
612-638-1238

Please see reverse  
for a directional map.

DATE \_\_\_\_\_  MALE  FEMALE

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

PATIENT PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

REFERRING DR. \_\_\_\_\_

REFERRING DR. PHONE NO. \_\_\_\_\_

Please extract (mark with X)

Surgical exposure of impacted tooth (please circle)

				A	B	C	D	E		F	G	H	I	J					
				4	5	6	7	8		9	10	11	12	13	14	15	16		
RIGHT	1	2	3	29	28	27	26	25		24	23	22	21	20	19	18	17		LEFT
				T	S	R	Q	P		O	N	M	L	K					

Orthognathic

Biopsy of \_\_\_\_\_ Location: \_\_\_\_\_

Dental Implant # \_\_\_\_\_

Other

COMMENTS \_\_\_\_\_

\_\_\_\_\_

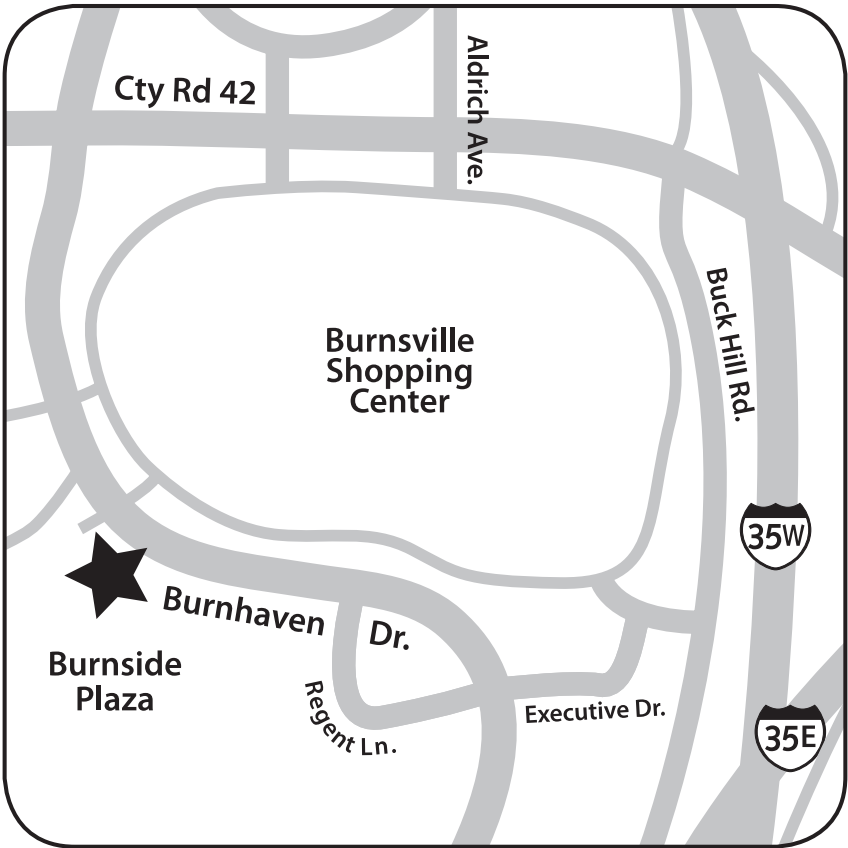
MEDICAL CONCERNS \_\_\_\_\_

\_\_\_\_\_

ANXIETY LEVEL  Mild  Moderate  Severe

*Metro*  
**Dentalcare**  
SPECIALTY SERVICES

## Location



### **Burnsville Specialty Center**

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