

**MARK D. BRITTEN, D.M.D., P.A.**

ORAL AND MAXILLOFACIAL SURGERY

23 WATER STREET

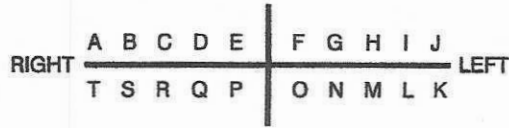
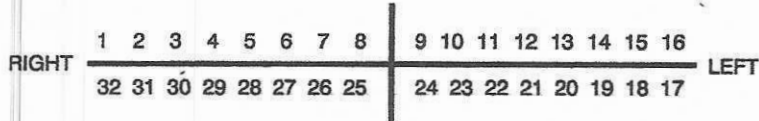
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Email: [mboralsurg@myfairpoint.net](mailto:mboralsurg@myfairpoint.net)

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Please extract the following teeth:



Comments:

Signed \_\_\_\_\_

RETURN XRAYS  
KEEP XRAYS  
SEND COPY OF PANOREX

