



Central Mississippi

Oral & Maxillofacial Surgery

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Date: _____

Please evaluate _____

(Patient's name)

Referred by: _____

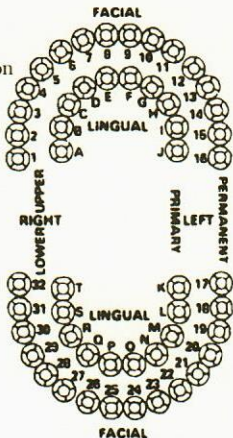
Appointment Time: _____

TEETH TO BE REMOVED

(1) Please circle teeth to be removed on chart at right.

OTHER PROCEDURES

- Alveoloplasty
- Removal of Tori/Exostosis
- Tuberosity Reduction
- Soft Tissue or Bony Lesion
- Ridge Augmentation
- Osseointegrated Implants
- Orthognathic Surgery
- Facial Fractures
- Bonding or Exposure
- Frenectomy
- Other



Comments: _____

Dr. _____

Diplomate American Board of Oral & Maxillofacial Surgery

See back for office location