



Patrick Lucaci, DDS, MD

Oral & Maxillofacial Surgeon

2101 Charlotte Suite 330 Kansas City, MO 64108

816-897-4288

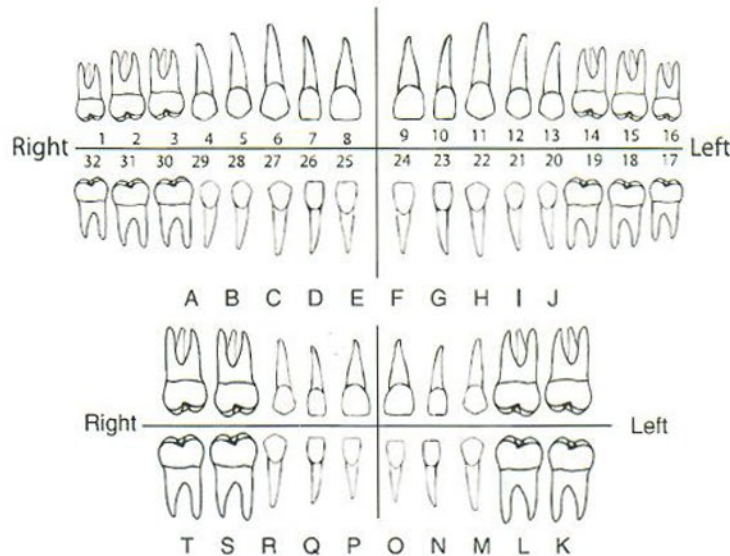
Please email x-rays to [info@dentistrykc.com](mailto:info@dentistrykc.com)

Patient Name:

Patient DOB:

Please Evaluate for the Following Treatment:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Wisdom Teeth | <input type="checkbox"/> Tori/Alveoloplasty  |
| <input type="checkbox"/> Extractions  | <input type="checkbox"/> Infection/Pathology |
| <input type="checkbox"/> Sedation     | <input type="checkbox"/> Expose/Bond         |
| <input type="checkbox"/> Implants     | <input type="checkbox"/> Frenectomy          |
| <input type="checkbox"/> Bone Graft   | <input type="checkbox"/> Cone-Beam iCat Scan |



Referring Doctor:

Comments: