



EXTRACTION/EXPOSE AND BOND REFERRAL

Name: _____ DOB: _____

Date: _____

☐

Extraction:

☐

Other: _____

☐

Expose/bond:

Maxillary: **1 2 3 4 5 6 7 8** **9 10 11 12 13 14 15 16**
 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Mandibular: **32 31 30 29 28 27 26 25** **24 23 22 21 20 19 18 17**
 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Primary Maxillary: **A B C D E** **F G H I J**
 E D C B A A B C D E

Primary Mandibular: **T S R Q P** **O N M L K**
 E D C B A A B C D E

Notes:

Doctor Name: _____ Date: _____

Doctor Signature: _____