



Charlottesville

ORAL SURGERY &
DENTAL IMPLANT CENTER, PLLC

DATE _____

CARLOS R. IBAÑEZ, DDS

INTRODUCING _____

REFERRED BY _____

APPOINTMENT DATE _____

			A	B	C	D	E		F	G	H	I	J				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				T	S	R	Q	P	O	N	M	L	K				

PROCEDURES

- Alveoloplasty
- Biopsy
- Incision and Drainage
- Lesion Evaluation
- IMPLANTS: 3i Zimmer Nobel Biohorizons
- Extraction
- Expose and Bond
- Frenectomy

COMMENTS _____

– **SOUTHEAST** –
1415 ROLKIN COURT,
STE. 101
CHARLOTTESVILLE, VA 22911

– **WEST** –
1005 HEATHERCROFT CIR.,
STE. 200
CROZET, VA 22932

ROLKIN COURT · TEL: 434.295.0911 · FAX: 434.295.4139
CROZET · TEL: 434-823-2729 · FAX: 434.295.4139