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PATIENT NAME _____ DATE ____/____/____ TIME: ____:____

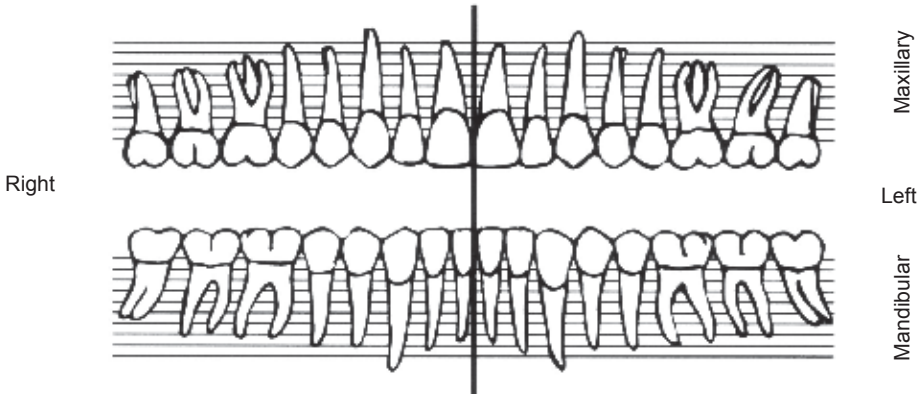
CLINICAL HISTORY:

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(Utilizing Columbia Scientific IM/PLANT Software)

- Maxilla
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Other: _____



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