

Appointment Date: _____
 Time: _____
 Introducing: _____



Please Mark Teeth To Be Extracted

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

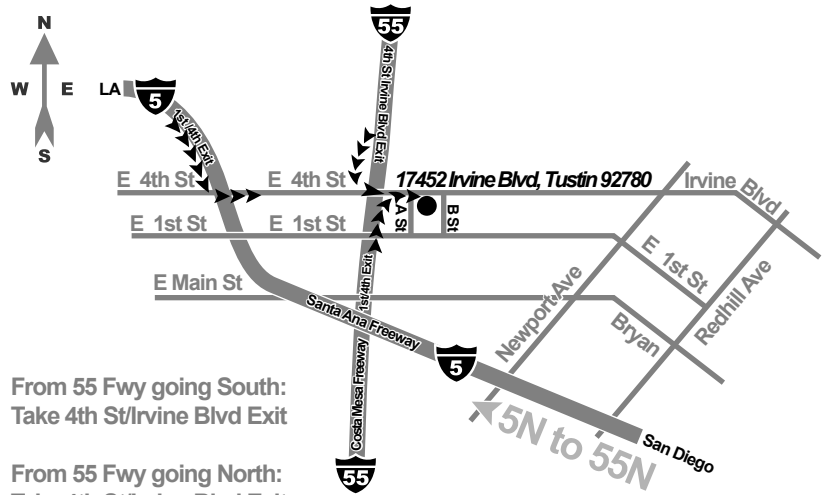
- Dentoalveolar / Third Molar Surgery
- Apicoectomy
- Implant & Preprosthetic Surgery
- T.M.J. / Facial Pain Evaluation
- Orthognathic / Reconstructive Jaw Surgery
- Facial / Dentoalveolar Trauma
- Pathology
- Snoring / Sleep Apnea
- Cosmetic Surgery

Remarks: _____

 Referred by Dr. _____
 Phone: _____ Fax: _____

PATIENT INSTRUCTIONS:

- Patient anticipating general anesthesia or I.V. sedation **must NOT have anything to eat or drink 6 hours prior to the scheduled appointment.**
 A responsible adult must drive and escort the patient home.
- Minors (under 18 years of age) must have a parent or legal guardian present at the time of consultation and surgery.
- Advise the office of prescribed medications that the patient is regularly taking.
- Please bring this card.
- Bring all insurance forms, information and available X-ray(s).
- Wear loose-fitting, short-sleeved, comfortable clothing (avoid high heels).
The night before surgery, do not drink alcoholic beverages.



From 55 Fwy going South:
 Take 4th St/Irvine Blvd Exit

From 55 Fwy going North:
 Take 4th St/Irvine Blvd Exit

From 5 Fwy going South:
 Take 4th St/1st St Exit

From 5 Fwy going North:
 Take 4th St/Irvine Blvd Exit or
 Exit Redhill Ave and go North to Irvine Blvd

**PAYMENT IS EXPECTED
 AT THE TIME OF SERVICE**

17452 Irvine Blvd, Suite 100, Tustin, CA 92780
 (714)734-9363 fax:(714)734-9362