

APPOINTMENT INFORMATION: This time is reserved specifically for you. If, by necessity, you must cancel your appointment for surgery, please notify us one day in advance.

Day: _____ Date: _____ Time: _____

Introducing _____

Referred by Dr. _____

PLEASE CHECK APPROPRIATE BOX(ES)

PROCEDURES

- Extraction
- Implant Site Development
 - Bone Grafting
 - Connective Tissue Grafting
 - Socket Preservation
- Alveoplasty
- Apicoectomy
- Biopsy
- Frenectomy
- Infection
- Expose & Bond
- Crown Lengthening

RADIOGRAPHS

- Being Mailed
- Given to Patient
- Please Take
- No X-Ray
- Will bring X-Ray _____

CONSULTATION

- TMJ
- Orthognathic Eval.
- Implants
- Pre-Prosthetic

IMPLANTS

- ITI
- Astra
- Bo-Horizon
- Zimmer

SPECIAL INSTRUCTIONS FOR GENERAL ANESTHETIC PATIENTS:

1. Patients who will receive a general anesthetic must have **NO FOOD OR DRINK**, including water, at least 6 hours prior to surgery.
2. You must arrange for someone to drive you home after the surgery and **DO NOT DRIVE** for the remainder of the day. Your driver must come into the office and pick you up.
3. Any unmarried patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery (or have written consent from them at time of operation).

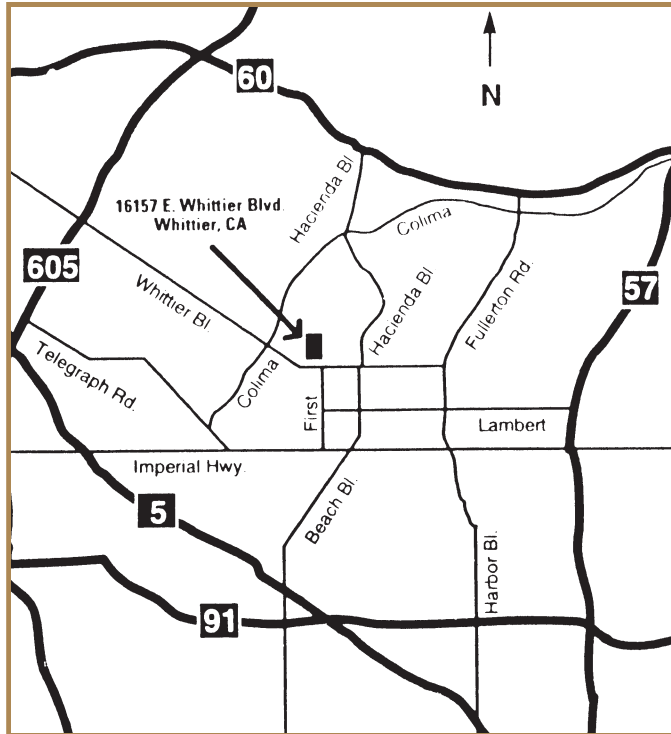
PLEASE CIRCLE TEETH TO BE REMOVED OR INDICATE SURGERY TO BE PERFORMED

DECIDUOUS

PERMANENT

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	LEFT
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS: _____



16157 E. Whittier Blvd., Whittier, CA 90603
ph. 562.947.8611 • fax 562.947.8614
www.whittieroralsurgery.com

WHITTIER ORAL SURGERY

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Bach T. Le, D.D.S., M.D., F.I.C.D
Diplomate, American Board of Oral & Maxillofacial Surgery
Diplomate, International Congress of Oral Implantologist