



Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Referred by Doctor: \_\_\_\_\_

**REASON FOR REFERRAL**

- Implants / Bone Graft
- Oral Pathology
- Extractions
- Wisdom Teeth
- Exposure & Bonding
- Anterior Apicoectomy

Other: \_\_\_\_\_

**IF FOR EXTRACTION, PLEASE CIRCLE TEETH TO BE EXTRACTED**

( 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
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
( T S R Q P )								Q N M L K )							

**Please bring with you:**  
 Photo ID  
 Current X-rays  
 A list of allergies and medications  
 Medical and dental insurance cards  
 Name and contact info for your physicians

**IMPORTANT NOTICE:** If general anesthesia or intravenous sedation is used, the patient must have **ABSOLUTELY NOTHING TO EAT OR DRINK** for at least 8 hours before the appointment. It is required that the patient be accompanied by an adult, present in the office, for the duration of the procedure and recovery.