



Patient: _____ Date: _____

Patient Phone: _____

Patient to call for appointment

Please call patient for appointment

SERVICES REQUESTED

Consultation

Extraction

Alveoplasty

Infection

Implant

Expose and Bond

Biopsy

TMJ

General Anesthesia/
IV Sedation

Other: _____

PLEASE MARK AREA TO BE TREATED

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
R								L							
	A	B	C	D	E			F	G	H	I	J			
	T	S	R	Q	P			O	N	M	L	K			

X-rays mailed

X-rays given to patient

X-rays attached

Please take panorex

Date taken: _____

ADDITIONAL COMMENTS

Referring Doctor Signature: _____ Date: _____

Referring Doctor: _____ Date: _____

Please send additional referral forms

**Directions to 1261 E Hillsdale Blvd, Suite 1
Foster City, CA 94404**

From 92 East or West

- Exit Foster City Blvd
- Turn **LEFT** on Metro Center Blvd (if coming 92 East)
Exit to Chess Dr (if coming 92 West)
- Turn **RIGHT** on Foster City Blvd
- Turn **LEFT** on E Hillsdale Blvd - go **0.5** miles
- 1261 E Hillsdale Blvd is on the **LEFT**



PLEASE READ CAREFULLY

1. Bring this form with you for your appointment.
2. Minors (under 18 years of age) must be accompanied by a parent or legal guardian.

FOR THOSE PLANNING SEDATION OR GENERAL ANESTHESIA

1. Do not eat or drink anything, including water, or smoke for at least 6 hours before surgery.
2. Wear short sleeves and loose-fitting clothing.
3. An adult must accompany you to the office and drive you home.
4. Advise office of prescribed medication that you are regularly taking.