



BIXBY KNOLLS

— ORAL SURGERY —

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Oral & Maxillofacial Surgery

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Appointment

Patient Name: _____

Referral Date: _____ Appointment Date: _____

Referring Doctor: _____

Welcome to the office of BIXBY KNOLLS Oral Surgery

Please note that the first visit, with the exception of certain emergencies, consists of a consultation only. This enables our doctors to fully review your health history, evaluate your problem and determine the most appropriate approach for anesthesia and treatment. Patients under the age of 18 must be accompanied by a parent or legal guardian at the time of the appointment. Please bring all pertinent medical information and a list of all medications.

Please circle teeth to be treated

UPPER RIGHT								UPPER LEFT							
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
LOWER RIGHT								LOWER LEFT							

Deciduous

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

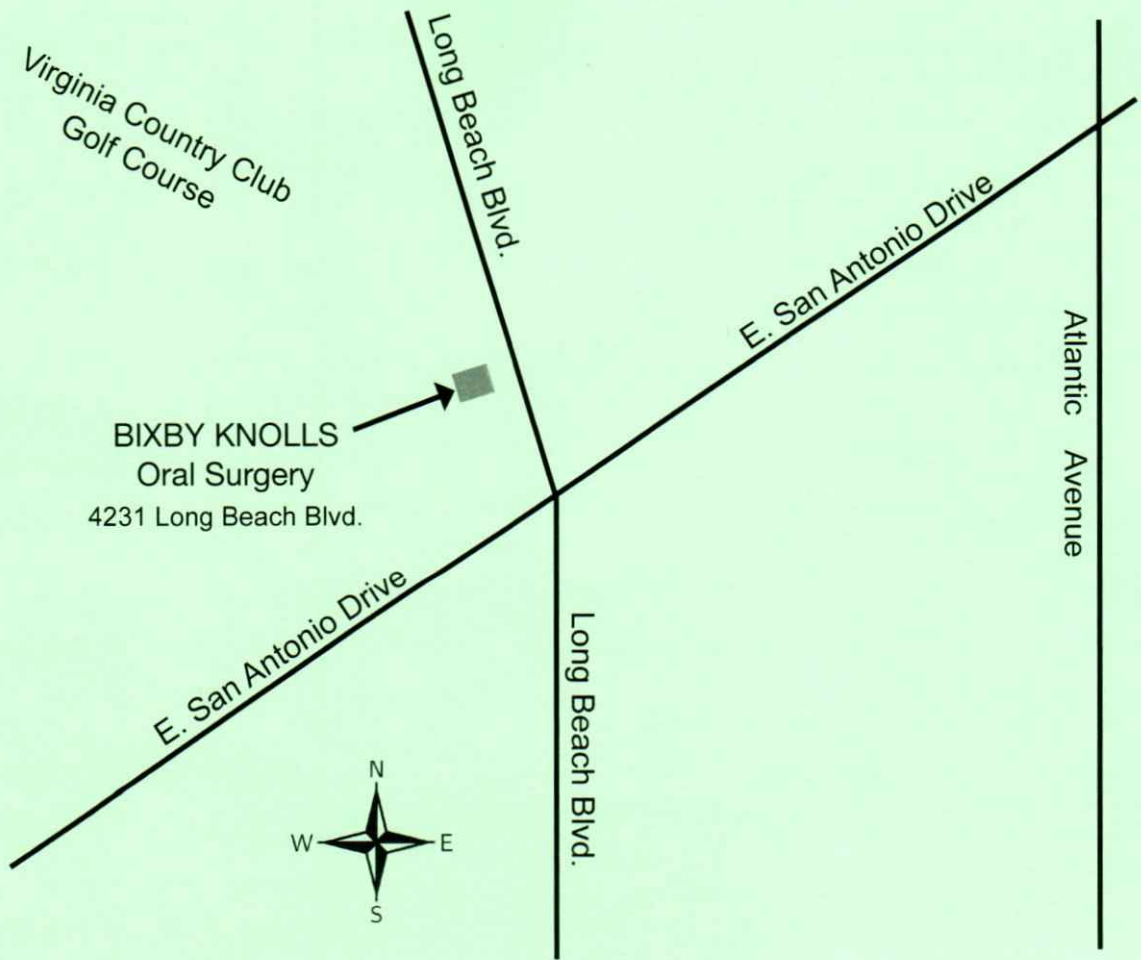
Consultation/Procedure

- | | | |
|---|--|--|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Orthognathic | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Torus Removal | <input type="checkbox"/> Expose and Bond | <input type="checkbox"/> Bone Grafting |
| <input type="checkbox"/> Sinus Augmentation | <input type="checkbox"/> Infection (I&D) | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> TMJ | <input type="checkbox"/> Alveoplasty |

Radiographs:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Mailed/Emailed | <input type="checkbox"/> Given to Patient | <input type="checkbox"/> Please Take |
|---|---|--------------------------------------|

Special Instructions:



Virginia Country Club
Golf Course

Long Beach Blvd.

E. San Antonio Drive

Atlantic Avenue

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Oral Surgery
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