Turlock
Oral & Maxillofacial Surgery

1810 N. Olive Ave., Suite #6, Turlock, CA 95382
Phone: (209) 667-5050

PATIENT REFERRAL FORM

Appointment information: This time is reserved specifically for you: if by necessity, you must change your appointment, please notify us at least one day in advance.

Appt. Date: _____Time: _____Today's Date: _____

Patient Name: _____D.O.B.: _____ PH#_____

Referred by Dr.: _____ PH#: _____

Radiographs:

☐ Being Mailed ☐ Given to Patient ☐ Please Take Films ☐ No X-ray Available

Items of Concern:

☐ Extractions ☐ Alveoplasty ☐ Biopsy ☐ Frenectomy ☐ Lesion Evaluation ☐ Hard Tissue

☐ Soft Tissue ☐ Other

Consultation Requested Regarding:

☐ Extractions ☐ Implants

Give us information regarding your plans for patient: _____

_____

_____

Please circle teeth to be extracted

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

Deciduous

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

FIRST APPOINTMENT: This will be for examination / consultation. In most instances the patient is seen first for examination, review of the health history, and to decide the most appropriate anesthesia. Any surgery necessary will be scheduled at a separate appointment.

FOR THOSE PATIENTS SCHEDULED FOR ANESTHESIA:

1. Patient must have NO FOOD or DRINK (including no water) for at least 6 hours prior to surgery unless otherwise instructed by their surgeon.
2. A responsible adult must accompany you and remain in our office during your treatment. They must be able to drive you home. The patient must not drive an automobile the day of the procedure.
3. Any unmarried patient under the age of 18 years must be accompanied by a parent or guardian at the time of the examination.