

NAME: _____

Permanent Teeth															
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							

Primary teeth									
Upper Right					Upper Left				
A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K
Lower Right					Lower Left				

- COMPUTED TOMOGRAPHY SCAN (CT SCAN)
- WISDOM TEETH WITH GENERAL ANESTHESIA
- SINGLE EXTRACTION
- FACIAL & JAW FRACTURES
- T.M.J/ FACIAL PAIN EVALUATION
- COSMETIC PROCEDURES
- ALVEOLPLASTY
- IMPLANT(S) BONE GRAFT & RIDGE AUGMENTATION
- ORTHODONTIC SURGERY / EXPOSURE
- SINUSES / SINUS LIFT SURGERY
- APICOECTOMY/ RETRO-FILL
- PATHOLOGY, SALV & GLANDS
- ORTHOGNATHIC/ RECONSTGRUCTIVE SURGERY
- SOFT TISSUE GRAFTING

REMARKS _____

REFERRED BY DR. _____

- X-RAYS E-MAILED
- X-RAYS GIVEN TO PATIENT
- TAKE X-RAYS # _____

PATIENT INSTRUCTIONS

1. PATIENTS ANTICIPATING GENERAL ANESTHESIA OR I.V. SEDATION MUST NOT HAVE **ANYTHING** TO EAT OR DRINK **6 HOURS PRIOR** TO SCHEDULED APPOINTMENT (ESSENTIAL MEDICATION LIKE ANTIBIOTIC WITH A SIP OF WATER OR CLEAR JUICE IS OKAY). IT IS VERY IMPORTANT FOR ANESTHESIA TO HAVE AN EMPTY STOMACH.
2. A RESPONSIBLE ADULT MUST ACCOMPANY YOU TO THE OFFICE AND DRIVE YOU HOME. WEAR LOOSE COMFORTABLE CLOTHING. THE NIGHT BEFORE SURGERY DO NOT DRINK ALCOHOLIC BEVERAGES.
3. ADVISE OFFICE OF PRESCRIBED MEDICATION THAT YOU REGULARLY ARE TAKING, WRITE IT DOWN ON PAPER.
4. MINORS (UNDER 18 YEARS OF AGE) MUST HAVE A LEGAL GUARDIAN PRESENT AT THE TIME OF CONSULTATION.
5. PLEASE BRING THIS CARD WITH YOU. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE OR GO TO OUR WEBSITE FOR VIDEOS AND REGISTRATION FORMS WWW.ORALSURGERYCTR.COM

PAYMENT IS EXPECTED AT TIME OF SERVICE, THANK YOU.

ORAL SURGERY CENTER



S. SHAUN DANESHGAR, D.M.D

HENRY H. LO, D.D.S., D.M.D

FELLOWS AMERICAN ASSOCIATION OF
ORAL & MAXILLOFACIAL SURGEONS

DIPLOMATES AMERICAN BOARD OF
ORAL & MAXILLOFACIAL SURGEON

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