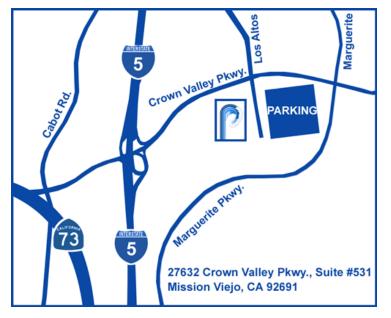


Appointment Information:

The following time has been reserved specifically for you. If for any reason you must cancel your appointment for surgery, please notify us at least one (1) day in advance.

Today's Date:/	./					
Patient Name:			Age:		Gender: M / F	:
IMPORTANT: All patients und	er the age of 18 must be ac	companied	by a parent or g	uardian at t	he consultation	visit.
Patient Phone:						
Appointment Date: /	/ Time: _	:	am / pm	Day: M	on Tue Wed	Thu Fri
Referred By:			Phone:			-
Please Mark Teeth or Area(Alveoloplasty Expose & Bond Extraction / Wisdom Infection / Incision & I Oral Medicine / Pathol Othognathic Surgically Facilitated TM Disorder Frenectomy Pre-Prosthetic Surger (Including Ridge Pres) Implant Evaluation All-on-4 Evaluation	Teeth Drainage ology Orthodontics ry servation)	-	Decidous	$ \begin{array}{c} 6 & 7 & 8 \\ $	9 10 11 12 13 A A A A A F G H I A A A A A F G H I F	Decidous Left
Location : Tooth Number(s) Edentulous:		[☐ Mandible			
Provisionalization: Surgical Template: Bone Grafting: Soft Tissue Enhancement:	gical Template:		 Fixed Not Necessary Ridge Augmentation Height 		☐ Sinus Augmentation☐ Both	
Radiograph(s) / CT Scan(s):	Being Mailed	□ Gi	ven to Patient		None Taken	
Special Instructions and/or	Comments:					





Patient Instructions:

You have been referred to us for the specialized care of an Oral and Maxillofacial Surgeon. Our office will make every effort to make your visit with us a comfortable experience. To help us better assist you, please provide the following information at the time of your consultation:

- Your surgical referral slip and x-rays, if applicable
- A list of medications you are presently taking
- If you have any medical or dental insurance, bring the necessary completed forms. This will save time and allow us to help you process any claims

Please Remember:

- Do not eat or drink anything for at least six (6) hours prior to your appointment;
- Make arrangements for an adult to stay at the office during your surgery and drive you home

A pre-operative consultation and physical examination is mandatory for patients undergoing IV general anesthesia for surgery. Please make sure to alert our office if you have any existing medical condition that may be of concern prior to surgery.

We are determined to address any concerns you may have about your appointment. If you have any questions, please feel free to contact us so we can help you.

Office: (949) 364-0250 | Fax: (949) 364-0040 Email: contactus@pacoms.com | Website: PacOMS.com