

Today's Date: _____

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Phone: _____

Referred By Dr: _____ Phone: _____

Radiographs provided: ___PA ___PAN ___BW ___CBCT

































Sent by: ___Email ___Post Mail ___Patient











REASON FOR REFERRAL

- ☐ CBCT
- ☐ Extraction
- ☐ Wisdom Teeth Management
- ☐ Bone Grafting
- ☐ Sinus Augmentation
- ☐ Dental Implant Placement
- ☐ Exposure & Bonding
- ☐ Pre-prosthetic Surgery
Removal of Tori / Exostoses / Alveoloplasty
- ☐ Frenectomy
- ☐ Soft Tissue Grafting
- ☐ Pathology

INDICATE AREAS OF CONCERN

Mark teeth below with an X for treatment:

															
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
															

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

COMMENTS / DESCRIPTION:

INSTRUCTIONS FOR YOUR FIRST VISIT

- Please bring all x-rays, this referral slip, pertinent medical information and a list of ALL medications you are currently taking.
- Please alert the office if you have a medical condition that may be of concern prior to surgery. (Bleeding disorders, heart conditions, taking blood thinners, etc.)
- Please bring a photo ID and both your medical and dental insurance cards on the day of your appointment.
- Patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the initial consult and surgery.

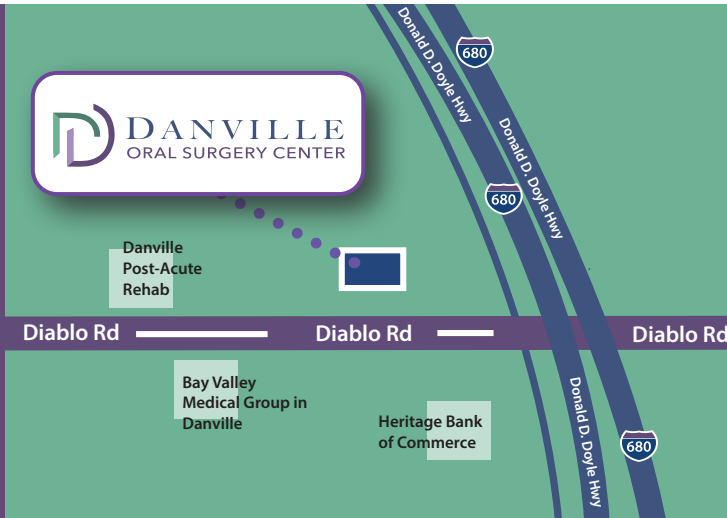
INSTRUCTIONS FOR SEDATION

- Do not eat or drink anything 8 hours prior to your surgery. NO FOOD OR DRINK, including water, unless directed by your doctor.
- Most daily medications may be taken prior to surgery with only a SIP of WATER. Please call our office if you have any questions regarding your medications.
- Any patient under 18 years of age must be accompanied by a parent or legal guardian.
- Wear loose, comfortable clothing with sleeves that can be raised above your elbow.
- If you require corrective lenses, please wear your glasses. No contacts.

Please call our office with any questions! 925.269.8626

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME & STAY WITH YOU FOR SIX HOURS AFTER SURGERY

Please give 48 hours notice if you are unable to keep this appointment.



Andrew Rich, DMD
Diplomate, American Board
of Oral and Maxillofacial Surgery

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