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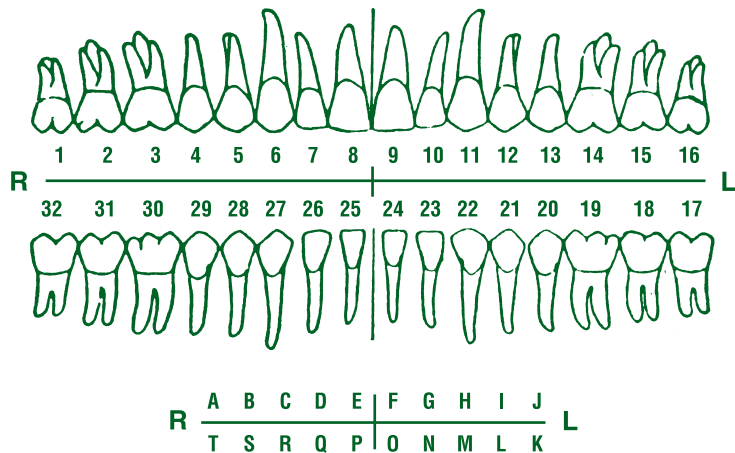
Introducing \_\_\_\_\_

Referring Dr. \_\_\_\_\_ Date \_\_\_\_\_

Patient Phone \_\_\_\_\_

X-rays:  Mailed  Copies given to patient  Please take new  Emailed to Dr. Antrobus

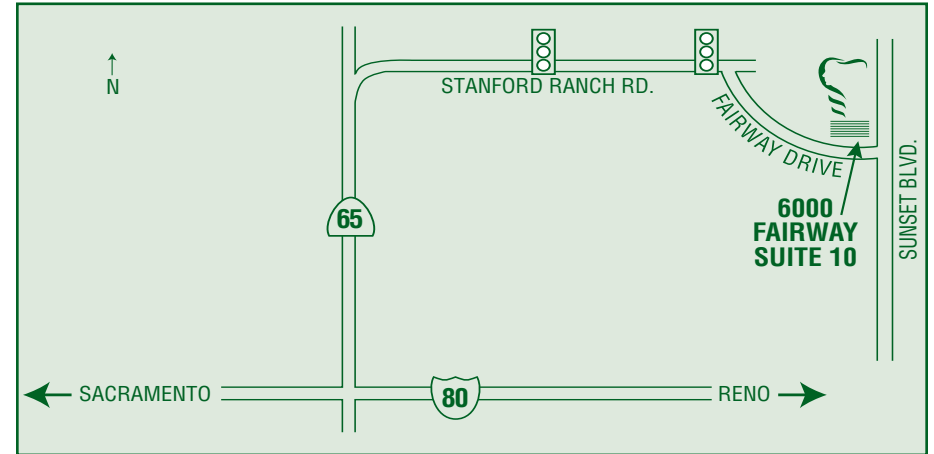
Please mark [X] for extraction or circle teeth or area to be treated.



- |  |  |
|--|--|
| <input type="checkbox"/> Extraction    | <input type="checkbox"/> Infection               |
| <input type="checkbox"/> Implant       | <input type="checkbox"/> Cyst/Tumor              |
| <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Biopsy                  |
| <input type="checkbox"/> Expose & Bond | <input type="checkbox"/> Pre-prosthetic          |
| <input type="checkbox"/> Apicoectomy   | <input type="checkbox"/> Orthognathic Evaluation |
| <input type="checkbox"/> Alveoplasty   | <input type="checkbox"/> Oral/Facial Trauma      |

Remarks \_\_\_\_\_

## OFFICE MAP



## PATIENT INSTRUCTIONS

You have been referred for specialized care with an Oral and Maxillofacial Surgeon. We seek to provide the highest quality oral surgery services for your individual needs. Please assist us by providing the following information at the time of your consultation.

- The day of your appointment please bring:
  - This referral slip.
  - Current x-rays (if available).
  - Insurance cards (if you have them). You may also fill out the Patient Registration forms ahead of time that are available on our website ([www.rocklinoralsurgery.com](http://www.rocklinoralsurgery.com)) and bring them in with you.
  - List of current medications.
- A pre-operative consultation and physical examination is required for patients undergoing general IV anesthesia for surgery.
- The initial visit with the exception of certain emergency cases, is for consultation only. This enables us to fully evaluate the area of concern and tailor the care to your specific needs.
- Minors must be accompanied by a parent or legal guardian.
- If you are unable to keep your appointment for any reason, please contact us within 48 hours of your scheduled appointment.

Appointment: Month \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_