

West Coast Oral Surgery

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Date: _____ Referred by Dr. _____

Patient's Name: _____ Patient Phone Number: _____

xrays: with patient mailed e-mailed please take
xrays may be e-mailed to: help@westcoastoralsurgery.com

Reason for Referral:

- extraction(s)
- dental implants
- bone graft augmentation
- socket / sinus lift
- general anesthesia
- soft tissue surgery
- pathology
- orthognathic surgery

please circle area of concern

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
									A	B	C	D	E	F	G	H	I	J	
R									T	S	R	Q	P	O	N	M	L	K	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			

Remarks: _____

FOR PATIENTS HAVING GENERAL ANESTHESIA:

1. Do not eat or drink ANYTHING 8 hours before your appointment.
2. Bring someone with you who can stay during the surgery, take you home, and stay with you afterwards.

