

Orange Coast Oral & Maxillofacial Surgery

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INTRODUCING _____ APPOINTMENT DATE _____ TIME _____

REFERRING DOCTOR _____ REFERRAL DATE _____ PHONE # _____

PLEASE MARK INDICATED TEETH

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT																	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

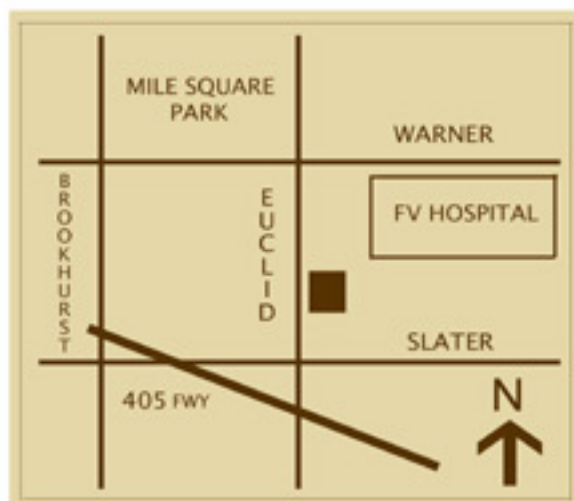
- DENTAL EXTRACTION(S)
- DENTAL IMPLANT(S)
- ORTHOGNATHIC SURGERY
- PREPROSTHETIC SURGERY
- BONE/SOFT TISSUE GRAFTING
- REDUCTION
- EXPOSE AND BOND
- PATHOLOGY
- BIOPSY
- TRAUMA
- FACIAL DENTOALVEOLAR
- TEMPOROMANDIBULAR DISORDER(S)/TMJ
- IV SEDATION / GENERAL ANESTHESIA
- OTHER

COMMENTS: _____

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

PATIENT INSTRUCTIONS

- 1) Please bring this card to the appointment.
- 2) Patients anticipating general anesthesia or IV sedation must NOT have anything to EAT and DRINK 8 hrs. prior to the appointment. Also wear short sleeved shirts.
- 3) Minors (under 18 years of age) must have a parent or legal guardian present at the time of consultation and surgery.
- 4) Please advise the office of any prescribed medication that the patient is regularly taking.
- 5) Please bring all insurance information and any available X-rays.



WHITE - ORAL SURGEON'S COPY

YELLOW- PATIENT'S COPY

PINK- REFERRING DOCTOR'S COPY