

PETALUMA

ORAL SURGERY
AND DENTAL IMPLANT CENTER

DR. VICENTE CHAVEZ
DR. JIRIES MOGANNAM
DR. TYLER BOYNTON

101 Lynch Creek Way, Suite B Petaluma, CA 94954
(707) 769-1414 Fax (707) 769-1317
petalumaos@gmail.com petalumaoralsurgery.com

APPOINTMENT INFORMATION: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify us at least **two days** in advance.

Today's Date _____

Patient _____

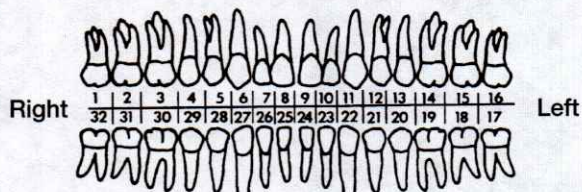
Patient's Telephone _____

Referring Doctor _____

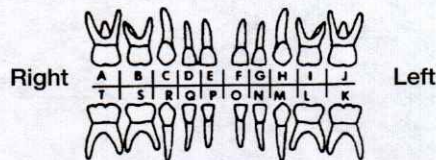
Appt. Date _____ Time _____

* Any unmarried patient under 18 years of age must be accompanied by a parent or legal guardian at the time of appointment.

Please Circle Teeth to be Treated



Permanent



Deciduous

☐ Local Anesthesia

☐ Sedation

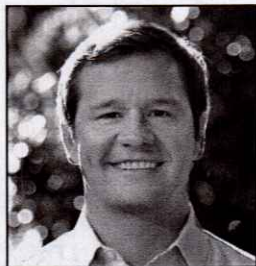
OTHER PROCEDURES (Please indicate below)

- | | |
|--|--|
| ☐ Extraction | ☐ Infection |
| ☐ Biopsy | ☐ Expose & Bond |
| ☐ Lesion Evaluation | ☐ Frenectomy |
| ☐ Implant Placement | ☐ Cone Beam CT |
| ☐ Bone Grafting | |

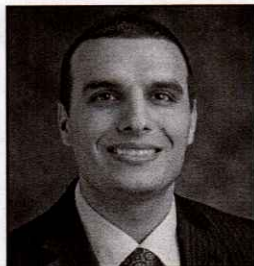
RADIOGRAPHS

- | |
|---|
| ☐ Being Mailed |
| ☐ Given to Patient |
| ☐ Please Take |
| ☐ Will Bring X-ray |
| ☐ E-mailed |

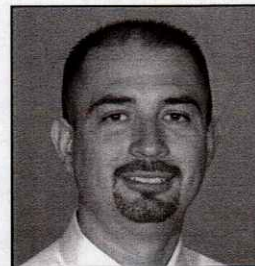
SPECIAL INSTRUCTIONS _____



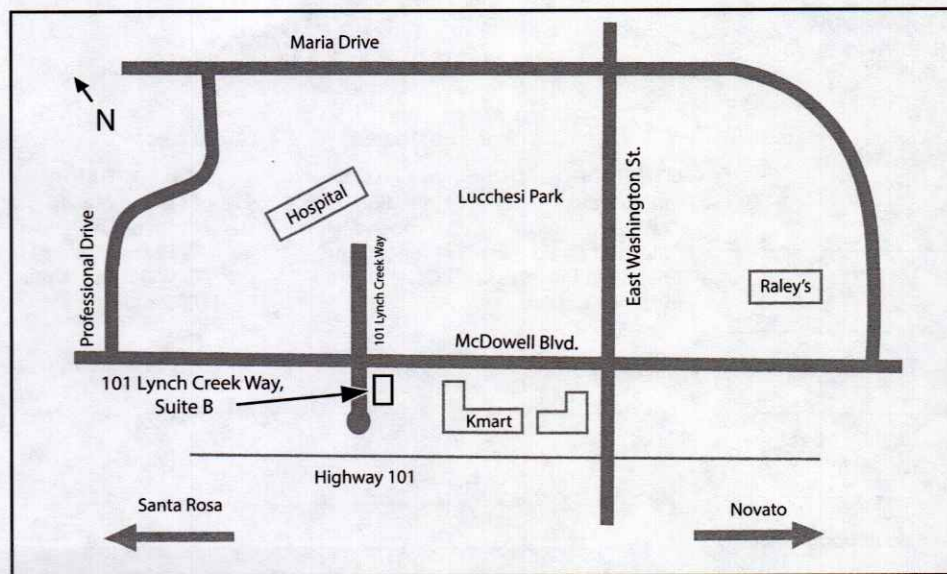
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