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Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Referred by Dr. \_\_\_\_\_

xrays:  with patient  mailed  e-mailed  please take study models:  with patient  not taken  
xrays may be e-mailed to: [imaging@oralurgerysandiego.com](mailto:imaging@oralurgerysandiego.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:**

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

