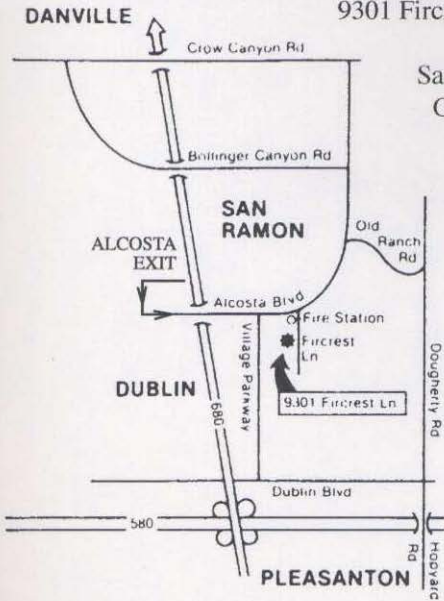


Fircrest Dental Center  
 9301 Fircrest Lane  
 Suite 2  
 San Ramon  
 California  
 94583



# Oral & Maxillofacial Surgery

Alan P. Chun, D.D.S., M.D., Inc.

A Professional Corporation

Telephone: (925) 833-8516 · Fax: (925) 833-8347

www.eastbayoms.com

INTRODUCING:

PATIENT'S NAME \_\_\_\_\_

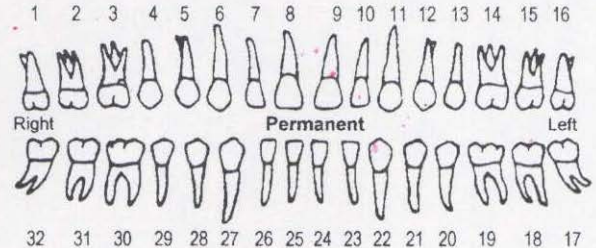
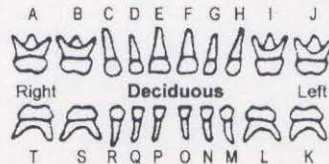
PATIENT'S PHONE (      ) \_\_\_\_\_

DATE REFERRED \_\_\_\_\_

REFERRING DOCTOR'S REMARK:

- EXODONTIA
- FACIAL TRAUMA
- IMPLANTOLOGY
- ORAL PATHOLOGY EVALUATION
- ORTHOGNATHIC SURGERY
- PREPROSTHETIC SURGERY
- SURGICAL ENDODONTICS

DR'S SIGNATURE \_\_\_\_\_



X-rays:  enclosed  
 are not available

Appointment:

Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

WHITE - PATIENT COPY

YELLOW - OFFICE COPY

PINK - REFERRING DENTIST COPY

### Instructions for Patients Having General Anesthesia

- Do not eat or drink ANYTHING for at least 6 hours before surgery appointment (not even water, coffee, etc.)
- Make arrangements to have someone drive you home following surgery. A general anesthetic can not be given unless you have someone to drive or accompany you home
- Minors (younger than 18 years) must have parent or guardian present or written consent from them at the time of surgery.
- Wear clothing with short or loose sleeves.

If you have any questions regarding these instructions or anything else regarding your appointment please telephone or come to the office for an explanation.