



# TRI VALLEY ORAL SURGERY

and Dental Implants

www.trivalleyoralsurgery.com

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(510) 574-1868  
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frontdesk@trivalleyoralsurgery.com

TODAY'S DATE \_\_\_\_\_ 20 \_\_\_\_\_

FROM DR. \_\_\_\_\_

INTRODUCING \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PLEASE MARK (X) IF FOR EXTRACTION

PATIENT'S RIGHT										PATIENT'S LEFT											
A	B	C	D	E	F	G	H	I	J												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16						
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17						
T	S	R	Q	P	O	N	M	L	K												

OTHER SURGERY INSTRUCTIONS:

\_\_\_\_\_ BIOPSY                      \_\_\_\_\_ DIGITAL IMPRESSION

\_\_\_\_\_ EXPOSE & BOND            \_\_\_\_\_ SHADE

\_\_\_\_\_ IMPLANTS                    \_\_\_\_\_ CONE BEAM CT

\_\_\_\_\_ LAB

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

X-RAY EMAILED                       CALL BEFORE PROCEEDING

TAKE X-RAY                             SEND MORE REFERRAL FORMS

**PATIENT COPY**

(Please Bring To Your Appointment)



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