



SONORA ORAL & MAXILLOFACIAL SURGERY DENTAL IMPLANTS

Slim Bouchoucha, D.D.S., M.S.

Diplomate, American Board of Oral & Maxillofacial Surgery

940 Sylva Lane, Suite K-1 Sonora, CA 95370

Tel: 209-532-5578 Fax: 209-532-6216

www.sonoraoralsurgery.com

INSTRUCTIONS FOR PATIENTS:

Welcome to our office. Please assist us by providing at the time of your consultation:

- Your surgical referral slip and any x-rays.
- A list of medications you are presently taking.
- If you have medical/dental insurance, bring your insurance card(s).

IMPORTANT: All patients under 18 must be accompanied by a parent or a guardian.

Please note that in most instances the patient is seen first for a consultation.

A pre-operative consultation and physical exam is mandatory for patients undergoing general anesthesia.

Please alert the office if you have any medical conditions.

If by necessity, you must cancel your appointment for surgery, please notify our office at least **48 hours** in advance.

Comments / Other Findings / Special Instructions:

Today's Date: _____ Appt. Date: _____ Time: _____

Introducing: _____

Referred by: _____ Phone: _____

Patient will call Call patient

Radiographs: Being Mailed Given to Patient No X-Ray

Diagnosis: _____

Please Circle Teeth to be Treated

	A	B	C	D	E	F	G	H	I	J							
Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Left
	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							

CONSULTATION REQUEST:

- 3rd Molars Evaluation
- Extractions
- Infection
- Oral / Facial Lesion
- Preprosthetics
- Other: _____
- Implants
- Bone Grafting
- Soft Tissue Grafting
- TMJ Evaluation
- Trauma
- Orthognathic Evaluation