



2315 N. Bechelli Lane, Suite A Phone (530) 223-6000  
Redding, CA 96002 Fax (530) 605-3206  
ReddingOMS@gmail.com

**Patient Contact Information**

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Phone number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Email address: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Referring Office: \_\_\_\_\_

***Surgery Instructions***

1. Do not eat or drink 8 hours prior to your surgery.  
**NO FOOD OR DRINK**, including water.
2. You must arrange for someone to drive you to the office and home following the surgery and **DO NOT DRIVE** for the remainder of the day.
3. Any patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery (or have written consent from them at the time of operation).
4. It is dangerous for a pregnant woman to have some anesthetics or x-rays. Please notify the surgeon if your are pregnant; if you are unsure, we recommend getting a pregnancy test prior to your appointment.

**Indicate Desired Procedure Or Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please Circle The Teeth To Be Extracted***

Right								Left							
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

**Deciduous**

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

**Other Procedures (Please Check Box)**

- |   |   |
|---|---|
| <input type="checkbox"/> Dental Implants                | <input type="checkbox"/> Incision & Drainage                                    |
| <input type="checkbox"/> Expose & Bond                  | <input type="checkbox"/> Full Mouth Extraction and<br>Insert Immediate Dentures |
| <input type="checkbox"/> Alveoplasty                    | <input type="checkbox"/> Lesion Evaluation, Biopsy                              |
| <input type="checkbox"/> Frenectomy                     | <input type="checkbox"/> Orthognathic Surgery                                   |
| <input type="checkbox"/> Removal Hypertrophic<br>tissue | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Tori Removal Max/Mand          |   |