

Joseph H. Anderson, D.D.S.

Diplomate, American Board of Oral and Maxillofacial Surgery

Introducing Patient: _____

Phone (_____) _____

Please evaluate for

- Extractions
- Bone Grafting
- Implants
- Pediatric Oral & Maxillofacial Surgery
- Pathology
- Orthognathic Surgery
- Orthodontic procedure (Uncover, Bracket, etc.)
- TMJ Dysfunction
- Preprosthetic Procedure
- Endodontic Procedure (Apico)
- Trauma

Written Instruction: _____

Referred by: _____

Doctor- Please FAX top copy to: (949) 363-3352

Appointment

Date: _____ Time: _____

Day: M T W T F S

Patient Information: Our office welcomes you to our practice. Please feel free to call (949) 363-2540 if you have any questions. Bring any available X-rays and a list of the medications you are taking. Minors must be accompanied by parent or guardian. If you are scheduled for IV Anesthesia you must NOT eat or drink anything for at least six (6) hours before your appointment. Wear short sleeves and have an escort that can drive you home.

*South
Coast*
Dental Specialties

30190 Town Center Drive, Suite B
Laguna Niguel, California 92677
(949) 363-2540
Fax (949) 363-3352

white copy - patient copy
yellow - dentist copy