

*Irvine Oral Surgery
& Dental Implant Center*

Daniel Hsu, DDS, MD
Board-Certified Oral & Maxillofacial Surgeon

www.oralurgeonirvine.com

ORAL SURGERY REFERRAL

INTRODUCING: _____

APPOINTMENT DATE & TIME: _____

Please call (949) 679-3470 to schedule your patient's appointment.

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

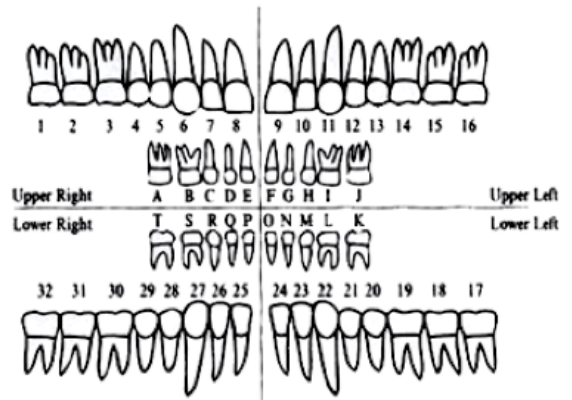
DATE: _____ REFERRING DR: _____ PHONE: _____

This patient is being referred for evaluation of the following:

- | | |
|--|---|
| <input type="checkbox"/> Alveoplasty _____ | <input type="checkbox"/> Incision & Drainage |
| <input type="checkbox"/> Apicoectomy Tooth # _____ | <input type="checkbox"/> Bone Graft |
| <input type="checkbox"/> Evaluate pathology/lesion | <input type="checkbox"/> TMJ Evaluation |
| <input type="checkbox"/> Expose & Bond Tooth # _____ | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Extraction Tooth # _____ | <input type="checkbox"/> Wisdom Teeth Removal |
| <input type="checkbox"/> Implant(s) # _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Place final abutment(s) | |

Comments : _____

Please circle teeth to be treated:



IF YOU ARE HAVING IV/ORAL SEDATION, PLEASE BE ADVISED:

- No food or liquid 6 hours before your appointment.
- You will be unable to drive after. Please bring an escort to drive you home.
- A legal guardian must accompany you if you're under 18 years of age.

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