



# IRVINE

Oral Surgery & Dental Implant Center

Daniel Hsu, DDS, MD  
 Jeffrey Nguyen, DDS, MD  
 4950 Barranca Pkwy, Suite 202  
 Irvine, CA 92604  
 (949) 679-3470

Patient Name \_\_\_\_\_

Appointment Date \_\_\_\_\_

**PLEASE BRING THIS FORM TO YOUR APPOINTMENT**

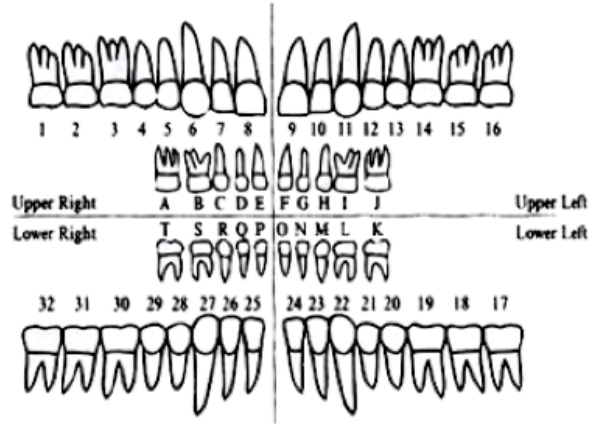
DATE \_\_\_\_\_ REFERRING DR \_\_\_\_\_ PHONE \_\_\_\_\_

**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:



[www.oral surgeon irvine.com](http://www.oral surgeon irvine.com)

email: [irvineoralsurgery@gmail.com](mailto:irvineoralsurgery@gmail.com)