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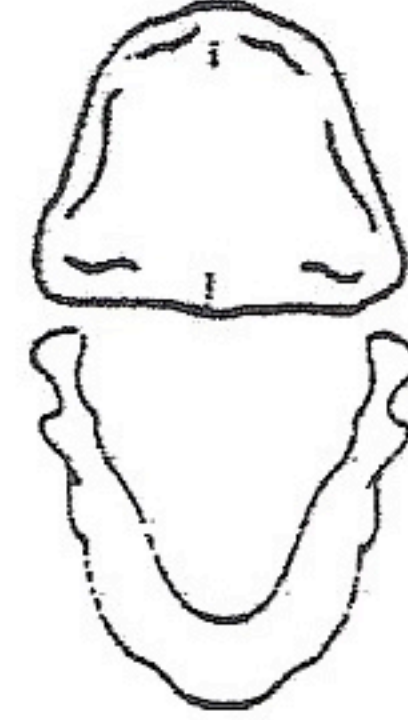
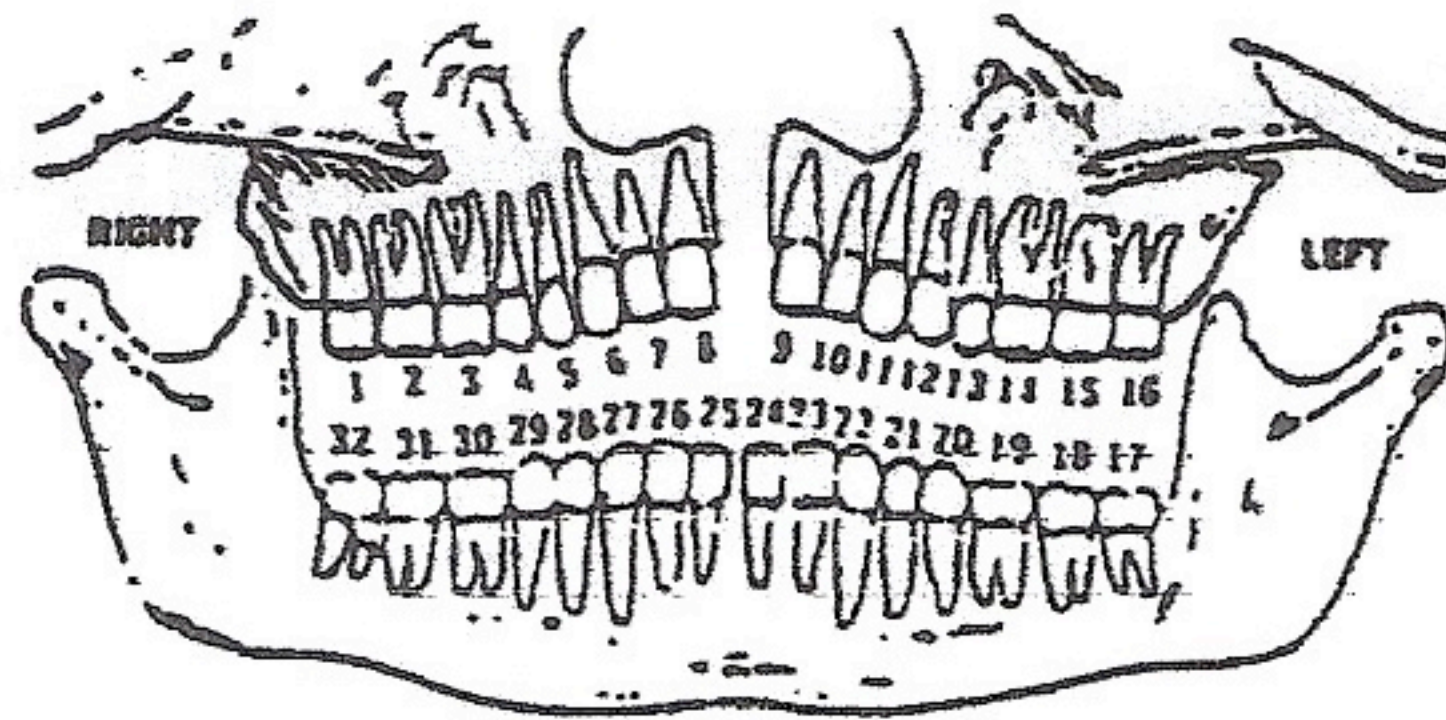
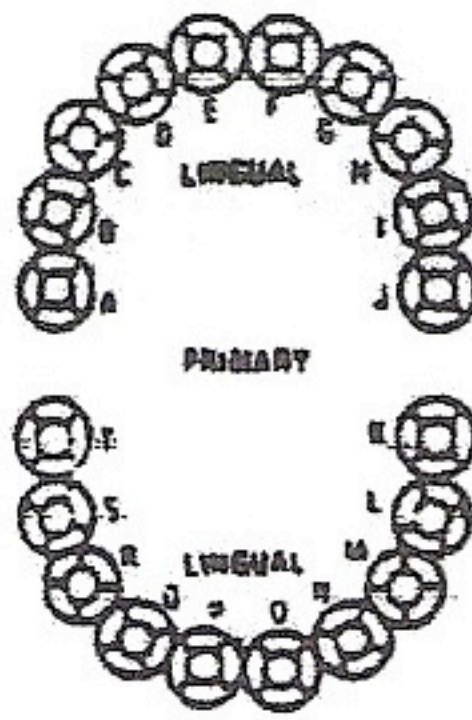
Date _____

I am referring: _____ Tel: _____

Consultation Only Consultation and Treatment

of _____

_____ , or the areas illustrated.



Chief Complaint _____

History of Present Complaint _____

Previous Dental History _____

Anesthesia Preferred: General Anesthesia (going to sleep) Local Anesthesia

Appointment _____ A.M.
P.M.

Dr. _____

Reminder: If you are having general anesthesia (going to sleep)

- No food or liquids for 6 hours before surgery.
- Please have a responsible person with you for driving.
- Please bring this form & any radiographs and all insurance information.