



YOUNG JUN, D.D.S., M.D. INC.
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Oral and Maxillofacial Surgery

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INTRODUCING _____

REFERRED BY DR. _____

REMARKS: _____

APPOINTMENT: Date _____ Time _____ Day _____

IMPORTANT INSTRUCTIONS TO PATIENTS:

1. No food and no liquid including water for six (6) hours prior to surgery appointment.
2. If you are to have a general anesthetic, make arrangements to have a driver with you. The driver must stay in the office during surgery.
3. Minors (under 18 years) must have a parent or legal guardian present during consultation and surgeries. A written consent signed by the parent or guardian will suffice.
4. Please contact our office 24 hours prior to surgery if you are currently under the care of a physician.
5. Please be prepared to discuss medical history e.g. rheumatic fever, heart disease, etc. Inform the office of all medications taken, including daily aspirin. Have your physician's name and phone number with you.
6. Please do not use perfume, cologne or body lotions on surgery day.

