

CENTER FOR ORAL, MAXILLOFACIAL &
IMPLANT RECONSTRUCTIVE SURGERY

ROBERT M. SVARNEY Jr., D.D.S.

DIPLOMATE, AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY
FELLOW, AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS



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WWW.DRSVARNEY.COM

APPOINTMENT INFORMATION This time is being reserved specifically for you. If by necessity, you must change your appointment, please notify us at least **4 days** in advance.

DATE _____ TIME _____ DAY _____

INTRODUCING _____

DATE OF BIRTH _____ PHONE _____

REFERRED BY DR. _____ PHONE _____

TO SAVE TIME AT YOUR VISIT, PLEASE PRE-REGISTER AT OUR WEBSITE

WELCOME TO OUR PRACTICE

Most simple procedures will be done the day of the consultation. For extensive procedures, or when IV anesthesia is preferred, you will first be seen for a consultation to review your health history and discuss the ideal anesthesia and treatment plan. Surgery will then be scheduled for an appropriate time. *Patients under the age of 18 must have a parent of guardian present for the consultation and surgery appointments.*

PLEASE CIRCLE TEETH TO BE TREATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16				
			A	B	C	D	E	F	G	H	I	J							
R				T	S	R	Q	P	O	N	M	L	K		L				
				32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

REASON FOR REFERRAL

- | | |
|--|--|
| <input type="checkbox"/> IMPLANTS | <input type="checkbox"/> THIRD MOLARS |
| <input type="checkbox"/> BONE GRAFTING | <input type="checkbox"/> EXTRACTIONS |
| <input type="checkbox"/> GINGIVAL GRAFTING | <input type="checkbox"/> ORTHOGNATHIC/
JAW RECONSTRUCTION |
| <input type="checkbox"/> SINUS GRAFTING | <input type="checkbox"/> OTHER (SEE COMMENTS) |
| <input type="checkbox"/> EXPOSE AND BOND | |

RADIOGRAPHS

- | | |
|--|------------------------------|
| <input type="checkbox"/> GIVEN TO PATIENT | RETURN RADIOGRAPHS: |
| <input type="checkbox"/> PLEASE TAKE | <input type="checkbox"/> YES |
| <input type="checkbox"/> BEING MAILED | <input type="checkbox"/> NO |
| <input type="checkbox"/> E-MAIL - E-MAIL RADIOGRAPHS TO RADS@DRSVARNEY.COM | |

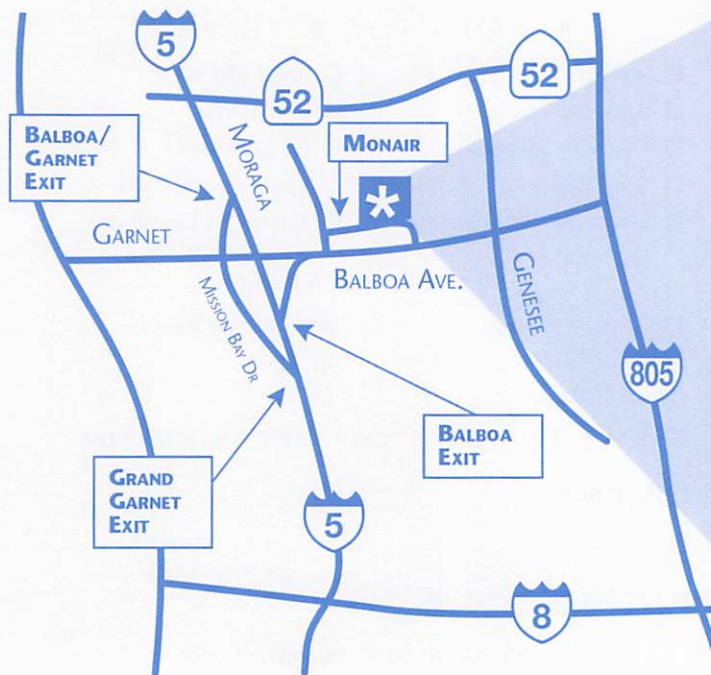
COMMENTS _____

WHITE- PATIENT COPY YELLOW- FILE COPY

DIRECTIONS

FROM 5 NORTH: TAKE THE BALBOA/GARNET EXIT
FROM 5 SOUTH: TAKE BALBOA EAST EXIT

3737 MORAGA AVE., SUITE B-200



DE ANZA VIEW MEDICAL & DENTAL CENTER

SUITE B-200

