



PLEASANT HILL ORAL SURGERY

James Han, DDS, MD

Diplomate, American Board of Oral and Maxillofacial Surgery

Please circle teeth to be removed or list work to be done

	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	_____																L
				T	S	R	Q	P		O	N	M	L	K			
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

Extraction

Implant

Pathology/Biopsy

Bone Graft

Expose & Bond

TAD

Other

Patient's Name _____

Notes/Remarks _____

DOB _____ *Phone* _____

Referring Dr. _____ *Date* _____

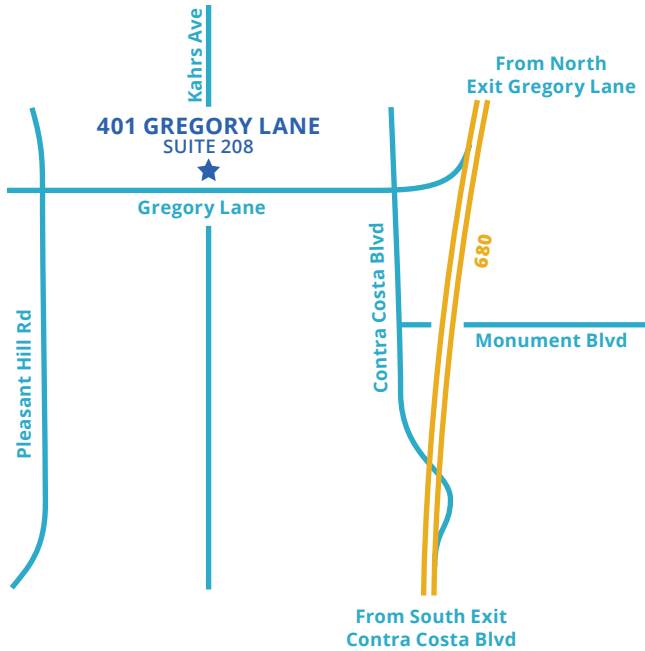
X-Rays Accompanying Pt Emailed Mailed Please Take Please call me prior to consultation

Please email a copy to pleasanthilloralsurgery.com or fax to 925 689 8501.

www.pleasanthilloralsurgery.com

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Tel 925 689 8500 **Fax** 925 689 8501



Patient Instructions

- 1 Please bring this slip, x-rays (if applicable), dental insurance card(s), and pertinent medical information (including list of your medications) to your appointment.
- 2 If you are going to have IV anesthesia: DO NOT eat or drink anything (including water, coffee, etc.) for 6 hours before your appointment. Bring someone responsible to drive you home and stay with you for 24 hours. Call the office if you have a cough, cold, fever, or sore throat prior to your scheduled appointment.
- 3 For your convenience, you may visit our website at www.pleasanthilloralsurgery.com/forpatients and complete the registration, health history, and HIPAA forms before your first visit and bring them with you.