



Pacific Oral Surgery

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(805) 522-2700

Thank you for your confidence and for the opportunity to assist in your patient's care.

Instructions for Referring Doctor:

1. Please complete the patient information (including the patient's daytime phone number) and instructions for our office.
2. Fold in half and secure with tape prior to mailing. Alternatively this form can be faxed to us at (805) 639-9314 for Ventura or (805)497-2781 for Thousand Oaks and Simi Valley.
3. Radiographs and images can be E-mailed to: xray@PacificOralSurgeon.com.
4. Online referrals may be completed at www.PacificOralSurgeon.com.

PATIENT'S RIGHT				A	B	C	D	E	F	G	H	I	J					PATIENT'S LEFT
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
				T	S	R	Q	P	O	N	M	L	K					

Extraction Implant Orthognathic CT Scan Biopsy Bone Grafting

Patient _____ Age _____ Date _____

Patient's Phone _____ E-mail _____

Referring Doctor: _____

Please Call Before After Consult

Images (x-rays) Given to patient Mailed Take new E-mailed

Remarks: _____

For additional information and to complete the online patient registration before your first appointment, please visit the patient information page at PacificOralSurgeon.com

Minors (under 18 years) must be accompanied by an adult

Under most circumstances the initial appointment will be a consultation only and not surgery

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