



Pacific Oral Surgery

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 (805) 650-1840

307 S. Moorpark Rd, Thousand Oaks 91361
 (805) 497-8571

2655 First Street, Ste 340, Simi Valley 93065
 (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 Ventura - (805)639-9314 or Thousand Oaks - (805)497-2781 or Simi Valley - (805)522-5026.
3. Radiographs and images can be E-mailed to: xray@PacificOralSurgeon.com.
4. Online referrals may be completed at www.PacificOralSurgeon.com.

			A	B	C	D	E	F	G	H	I	J				
PATIENT'S RIGHT	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				
													PATIENT'S LEFT			

Extraction Implant 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: _____

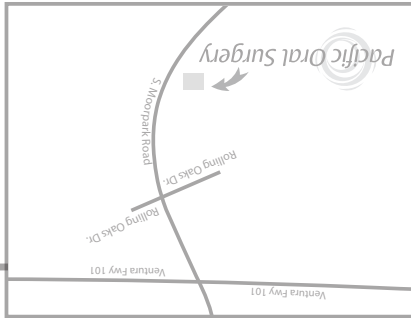
For additional information and to complete the online patient registration before your first appointment, please visit the patient information page at PacificOralSurgeon.com

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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