Pacific Oral Surgery

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6555 Telephone Road, Ste 1, Ventura 93003
(805) 650-1840

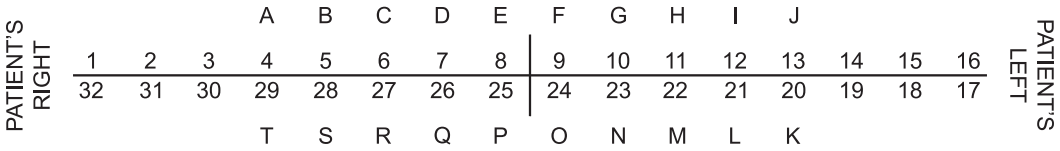
2655 First Street, Ste 340, Simi Valley 93065
(805) 522-2700

351 Rolling Oaks Drive, Ste 101, Thousand Oaks 91361
(805) 497-8571

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 Simi Valley - (805)522-5026 or Thousand Oaks - (805)497-2781.
3. Radiographs and images can be E-mailed to: xray@PacificOralSurgeon.com.
4. Online referrals may be completed at www.PacificOralSurgery.com.



☐ Extraction ☐ Implant ☐ CT Scan ☐ Biopsy ☐ Bone Grafting

Patient_____ Age_____ Date_____

Patient's Phone_____ E-mail_____

Referring Doctor:_____

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

Remarks:_____

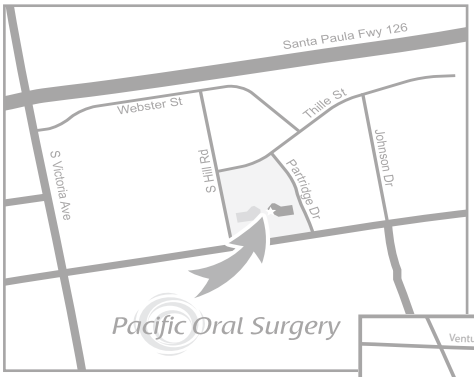
_____

_____

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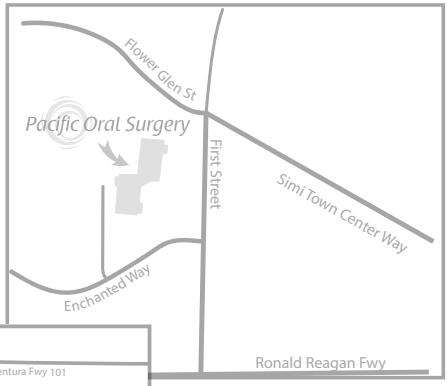

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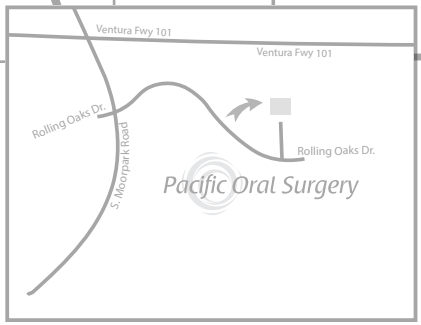

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