



**ANTHONY LIZANO, D.D.S.**  
 DIPLOMATE, AMERICAN BOARD OF  
 ORAL IMPLANTOLOGY/IMPLANT DENTISTRY

400 El Cerro Boulevard, Ste 202  
 Danville, California 94526  
 Phone: (925) 838-1109  
 FAX: (925) 838-1548

Date: \_\_\_\_\_

Appointment: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Phone No: \_\_\_\_\_

**1** Referred for extraction of teeth indicated

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

Right	A	B	C	D	E	F	G	H	I	J	Left
	T	S	R	Q	P	O	N	M	L	K	

Other Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Phone: \_\_\_\_\_

**2** Ridge preservation graft (circle one):

YES     NO     Please Evaluate

**3** Evaluate for implants in these sites: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to support (circle one):

Fixed Prosthesis     Removable Prosthesis     Please Evaluate

Please inform Dr. Lizano of any special health concerns prior to surgery appointment.