

THEODORE A. TANABE, D.D.S.

A Professional Corporation

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(562) 698-0387 • FAX (562) 696-7677

TREATMENT REQUEST

Patient _____ Date _____

Referred by Doctor _____

Appointment Date _____ Time _____

Extract:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
(R)															(L)
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
	A	B	C	D	E	F	G	H	I	J					
(R)															(L)
	T	S	R	Q	P	O	N	M	L	K					

- Consultation for: _____
- Apicoectomy/retrofill; tooth #: _____
- Lesion; Location: _____
- TMJ problem: _____
- Implant surgery: _____
- Orthognathic surgery: _____
- Other: _____
- Check medical history
- Patient requires antibiotic prophylaxis

REMARKS: _____

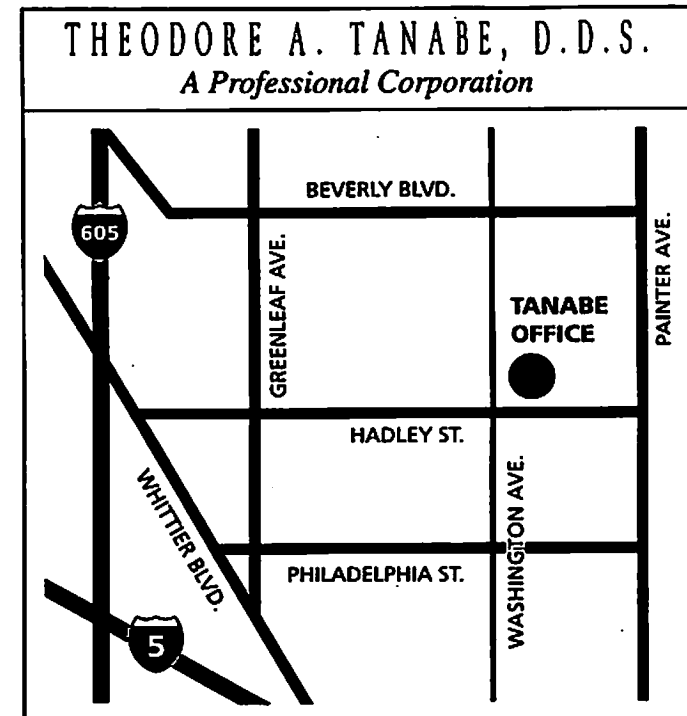
The Day of Your Appointment: When you arrive, please be prepared to complete a personal and financial information form, and a comprehensive medical history. If you have medical problems, please bring the name and telephone number of your physician. Please bring insurance information and a list of your medications.

INSTRUCTIONS FOR PATIENTS ANTICIPATING GENERAL ANESTHESIA:

A. You must be accompanied by an adult who can care for you and drive you home. Your driver should plan to remain in the office during the procedure. Minors must be accompanied by a parent or legal guardian. B. You must not eat or drink ANYTHING (including water) 6 HOURS PRIOR TO YOUR APPOINTMENT. C. Wear a short-sleeved shirt and comfortable shoes (no high heels).

WHITE - DR. TANABE

YELLOW - REFERRING DENTIST



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