

Ocean Oral & Maxillofacial Surgery

DR. RICK J. BERRIOS ~ Diplomate American Board of Oral and Maxillofacial Surgery

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Introducing: _____

Appointment: _____

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

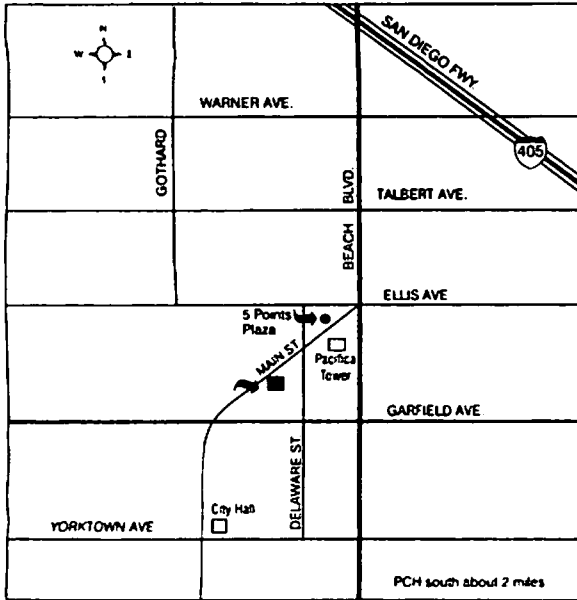
INSTRUCTIONS/REMARKS: _____

CONSULTATION: Orthognathic Surgery Pathology TMJ Wisdom Teeth
 Implants Apicoectomies Trauma Cosmetic Maxillofacial Surgery

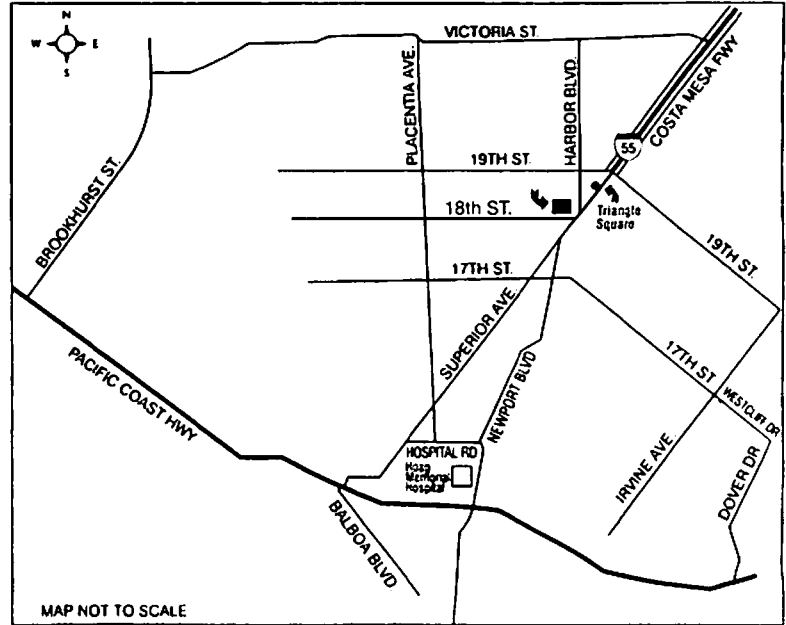
X-RAYS: Patient Will Bring Take New Mailed On: _____

PLEASE BRING THIS REFERRAL SLIP AND FOLLOW INSTRUCTIONS ON BACK DATE

_____, D.D.S. DATE _____



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FOR THOSE PLANNING SEDATION OR GENERAL ANESTHESIA:

1. Minors must be accompanied by parent or have written consent.
 2. Please do not eat or drink anything including water, for at least (6) six hours before surgery.
 3. Please wear short sleeve blouse or shirt.
 4. Bring the name of any medicine you take with you.
 5. No surgery will be performed unless driver is present.
- A responsible adult must accompany and stay with you to take you home after surgery.