



KEVIN V. JEWORSKI, D.D.S.

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SILICON VALLEY ORAL AND MAXILLOFACIAL SURGERY
DENTAL IMPLANTS

877 WEST FREMONT AVENUE, SUITE E-1

SUNNYVALE, CALIFORNIA 94087

TEL (408) 736-4332 • FAX (408) 736-2428

www.siliconvalleyoms.com • www.wisdom-teeth.com

Date _____

Introducing: _____

(Please indicate teeth to be removed)

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
Right	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	Left
	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
	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	
Right	E	D	C	B	A		A	B	C	D	E	Left
	E	D	C	B	A		A	B	C	D	E	
	T	S	R	Q	P		O	N	M	L	K	

Other surgery: _____

- Please call me prior to consultation.
- Please call me after consultation but prior to surgery.
- Please call me after surgery for a surgical report.
- Call me when placing immediate denture for a post operative report.
- Call me only if there was a surgical or denture problem.
- Post operative report is sufficient.
- Other _____

Appointment _____ At _____ O'Clock

Referred By _____

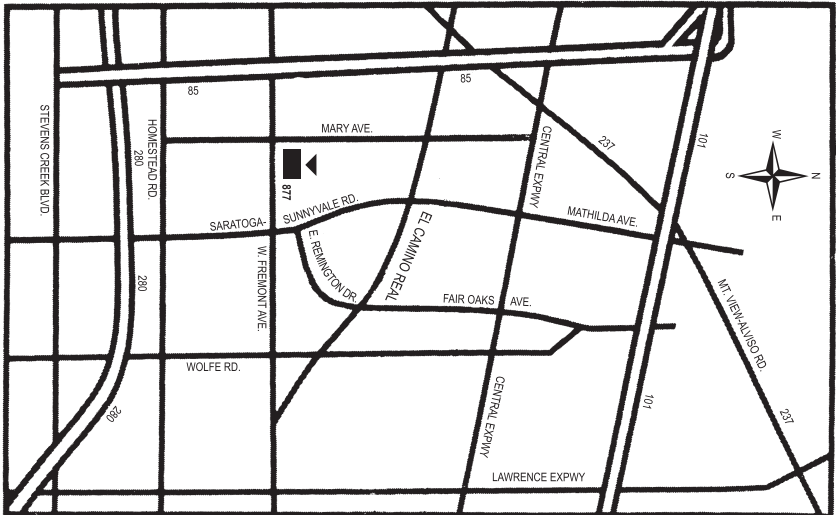
DIPLOMATES, AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGEONS
FELLOWS, AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

White - Patient Copy Yellow - Referring Dr. Pink - Mail to Oral Surgeon

Instructions to Patient

1. Please **give this slip to the doctor** at the time of your consultation or surgery appointment.
2. Minors (under 18 years) must be accompanied by parent or guardian or have written consent for operation.
3. If you are going to have a general anesthetic, **do not eat or drink anything** for 6 hours before your appointment.
4. Bring someone to drive you home if you are going to have premedication or a general anesthetic.
5. Wear comfortable and loose fitting clothing, short sleeves are preferable.
6. Please bring with you the name of the medications you are taking, or those to which you are allergic.
7. Please call this office if you have had rheumatic fever, diabetes, heart murmur, artificial valve and/or joints.

Scan for map and directions to download to your smart phone.



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