

INSTRUCTIONS FOR PATIENTS

1. Please bring this referral slip with you.
2. Minors must be accompanied by a parent or legal guardian.
3. Those anticipating general anesthesia must:
 - a) Have NOTHING to eat or drink for six (6) hours prior to your appointment and
 - b) Bring a driver
4. Please let us know if your appointment needs to be rescheduled 24 hours in advance.
5. Pre-Registration forms are available on our website www.droralsurgery.com.
6. Free parking available.



- **Rennie Cheung, D.M.D., M.D., Inc.**
- **Victor Ho, D.M.D., Inc.**
- **Youn Sagong D.D.S.**

Oral & Maxillofacial Surgery & Dental Implants

- Dentoalveolar surgery
- Reconstructive jaw and facial surgery
- Dental implant surgery
- Minor and major bone grafting

Monday - Friday 7:30am to 5:00pm

Los Angeles
6240 W. Manchester Avenue
Los Angeles, CA 90045
310-670-0220

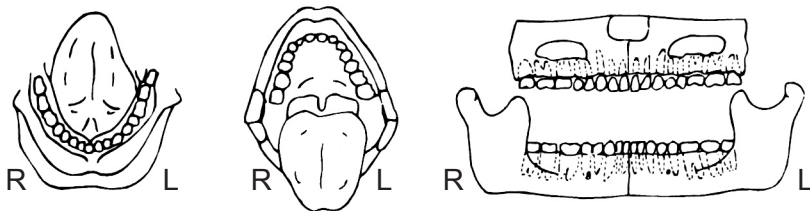
Mission Hills
11550 Indian Hills Rd., Suite 320
Mission Hills, CA 91345
818-365-0817

Rowland Heights
1725 S. Nogales St., Suite 106
Rowland Heights, CA 91748
626-913-5700

Woodland Hills
22554 Ventura Blvd., Suite 124
Woodland Hills, CA 91364
818-225-8602

www.droralsurgery.com

Evaluate lesion (please indicate the area to be examined)



Implant consultation, tooth/teeth number(s): _____

- Extraction and immediate implant placement
- Extraction and delayed implant placement
- Evaluate for possible bone grafting procedure
- All on 4 Four
- TAD (Temporary Anchor Device)

Apicoectomy/Retrofill

TMJ/Facial Pain

Patients Name: _____

Referring Doctors Name: _____ Date _____

Extraction - please mark tooth (teeth) to be removed

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

Comments: