



*San Luis Oral Surgery
& Dental Implant Center*

Adam J. Janette, D.D.S.

1010 Peach Street, San Luis Obispo, CA 93401
Tel: (805) 541-5611 | Fax: (805) 541-2328

Welcome to our Oral and Maxillofacial Surgery Office:

Referring Doctor: _____ Date Referred: _____

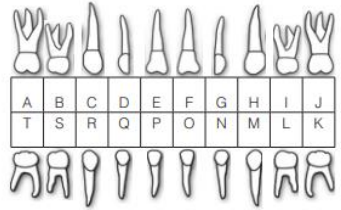
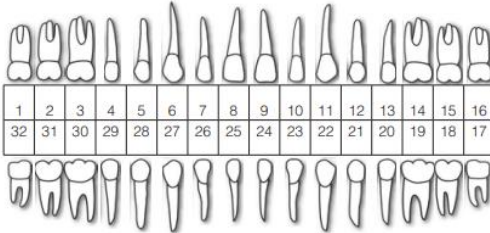
Patient Name: _____ Birthdate: _____

Patient Email: _____ Patient Cell: _____

Appointment Date: _____
☐ Patient will call for appointment
☐ Please call patient for appointment

Does the patient pre-medicate with antibiotics prior to dental treatment? Yes No

PLEASE CIRCLE TEETH TO BE TREATED:



REMARKS, SPECIAL INSTRUCTIONS, RESTORATIVE PLAN:

☐ Call **AFTER** consultation

☐ Call **PRIOR** to consultation

CONSULTS/PROCEDURES:

- | | | |
|--|--|--|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Lesion Evaluation | <input type="checkbox"/> Expose & Bond |
| <input type="checkbox"/> Implant: | <input type="checkbox"/> Biopsy | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Immediate | <input type="checkbox"/> Infection | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Delayed | <input type="checkbox"/> Alveoplasty | <input type="checkbox"/> Orthognathic |
| <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Incision & Drainage | <input type="checkbox"/> Evaluation |
| | | <input type="checkbox"/> Pre-Prosthetic/ Oral Reconstruction |
| | | <input type="checkbox"/> Other: _____ |

RADIOGRAPHS/CLINICAL PHOTOS:

- | | |
|---|--|
| <input type="checkbox"/> None Taken | <input type="checkbox"/> Emailed to info@sanluisoralsurgery.com |
| <input type="checkbox"/> Being Mailed | <input type="checkbox"/> Attached with referral |
| <input type="checkbox"/> Given to patient | <input type="checkbox"/> If attached, Date Taken: _____ |



San Luis Oral Surgery & Dental Implant Center

— Adam J. Janette, D.D.S. —

Board-Certified Oral and Maxillofacial Surgeon

Please visit our website for more information about our office, online patient registration, and patient education.

www.sanluisoralsurgery.com

Patient Instructions:

- ❖ Complete patient registration **prior** to your appointment.
 - Check your email for the patient registration link or visit our website.
 - ❖ Bring this referral & arrange for current imaging to be sent. (Additional imaging may be required and taken at our office).
 - ❖ Bring a picture ID and Insurance cards. (BOTH medical and dental insurance).
 - ❖ All minors must be accompanied by a parent or legal guardian.
- If you are having general anesthesia:
- ✓ Do not eat or drink **anything 8 hours** prior to appointment (including water).
 - ✓ Take your medications as directed by our doctors with a sip of water (do not exceed **4 oz**).
 - ✓ You must have a responsible driver for drop off and pick up.



Please call our office with any questions! We look forward to caring for you!

1010 Peach Street, San Luis Obispo, CA 93401

Tel: (805) 541-5611 | Fax: (805) 541-2328

info@sanluisoralsurgery.com