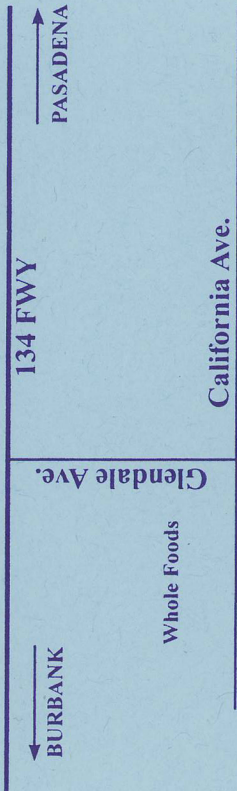
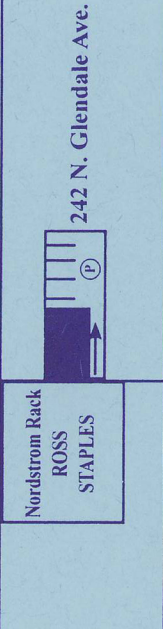


Entrance off of Glendale Avenue. Free Parking Behind Building.

Wilson Ave.



242 N. Glendale Avenue, Glendale, CA 91206
Tel: 818-484-8939 Fax: 818-649-1207



**PACIFIC ORAL
&
MAXILLOFACIAL**
Surgery and Dental Implant Center

Hamlet Garabedian, DMD, MD*
Armond Kotikian, DDS, MD*

Preoperative Instructions to Patient

Please present this card to the receptionist at the time of your appointment.

- Please bring all your insurance information, any required referrals, forms, and x-rays.
- If you are scheduled for a general anesthetic or IV sedation, do not eat or drink anything for 8 hours prior to your visit (or as directed by your doctor)
- A responsible adult must be available to drive you home if you receive a general anesthetic or IV sedation.
- Please bring a complete and detailed list of your medications.

Appointment reminder

Date _____ Time _____ Day _____

If you must cancel your appointment, we urge you to give us at least 24 hours notice, so another patient can be scheduled in your place. Thank you.

X-rays and forms may be e-mailed to our office: glendaleomfs@gmail.com
Please check to indicate if you plan to use e-mail.

Please Circle Teeth to be Treated

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Pre-prosthetic Surgery | <input type="checkbox"/> Oral Pathology evaluation |
| <input type="checkbox"/> Extraction & socket preservation | <input type="checkbox"/> Alveoloplasty | <input type="checkbox"/> Pantorex |
| <input type="checkbox"/> Sinus Lift | <input type="checkbox"/> Incision and Drainage | <input type="checkbox"/> Facial trauma |
| <input type="checkbox"/> Bone Graft | <input type="checkbox"/> Frernectomy | <input type="checkbox"/> TMI |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> Root Amputation |
| <input type="checkbox"/> Apicoectomy | <input type="checkbox"/> Snoring/Sleep Apnea | <input type="checkbox"/> Exposure and Bond |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Gingivectomy | <input type="checkbox"/> Hemisection of tooth |

Please visit our website www.pacificoralsurgeons.com

Patient Referral Card

*Diplomates of the American Board of Oral and Maxillofacial Surgery
Extractions / Wisdom Teeth / Dental Implants / TMI Disorders
Jaw Reconstruction / General Anesthesia / Oral Cancer Screening

Referred by: _____ Date: _____
Dr. Phone: _____ Dr. Fax: _____
Comments: _____