

Ronald J. Northrop, D.D.S., M.D. • Reed E. Van Wagenen, D.D.S. • Aaron J. Noordmans, D.D.S.

A Partnership of Professional Corporations
Diplomates, American Board of Oral and Maxillofacial Surgery

7055 N. Fresno Street, Suite 202 • Fresno, CA 93720 • Phone (559) 432-4911 • Fax (559) 432-3515

Date _____

Introducing _____ DOB _____

Responsible Party _____

Home Phone _____ Work Phone _____

Referred By _____ Phone _____

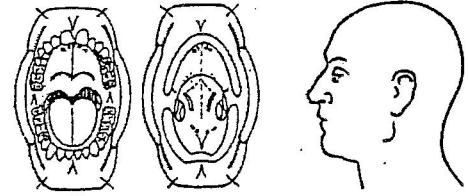
PLEASE CIRCLE TEETH TO BE TREATED

Right 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

Deciduous

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



REMARKS OR SPECIAL INSTRUCTIONS _____

APPOINTMENT INFORMATION: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify us at least **one day** in advance.

Appt. Date _____ Time _____ Day _____

X-RAYS: Being Mailed Given to Patient Please Take

PROCEDURES (please indicate below and on diagram to the right)

- | | |
|---|--|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Apicoectomy |
| <input type="checkbox"/> Implant Consultation | <input type="checkbox"/> Alveoloplasty |
| <input type="checkbox"/> Biopsy / Pathology | <input type="checkbox"/> Hemisection / Root Amp. |
| <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> Exposure / Ligation |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Trauma / Fracture | <input type="checkbox"/> Other _____ |

★ Please see reverse side for map and patient instructions. ★

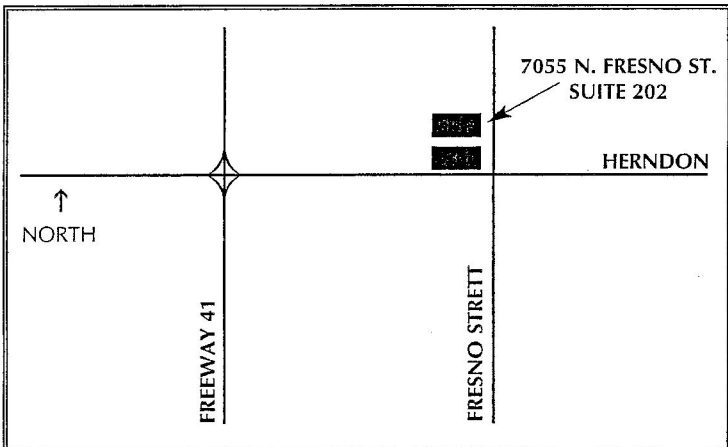


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To fill out Patient Registration Forms online, go to www.premiervalleyoralsurgery.com, click on Patient Forms, and then click on the words Registration Form



★ INSTRUCTIONS FOR PATIENTS: ★

Our office is committed to providing you with the highest quality of care possible. To help us, please note the following:

1. It is advisable to schedule a consultation appointment prior to your surgery. This enables us to fully evaluate your condition and plan care to your specific needs.
2. Unmarried patients under eighteen (18) years of age must be accompanied by a parent or legal guardian.
3. If you are to receive IV sedation or general anesthesia: DO NOT eat or drink anything, including water, for at least 6 hours prior to surgery. You must also make arrangements to have someone drive you home following surgery.
4. Please wear loose, comfortable clothing.
5. Please bring a list of any medications that you take and pertinent medical information.

WE LOOK FORWARD TO SEEING YOU!