



Pacific Oral and Facial Surgery Center
 1133 East Stanley Boulevard, Suite 215 • Livermore, CA 94550
 Office: 925.294.4000 • Fax: 925.294.8800

In our effort to provide better patient service, please fax this form to our office and give the yellow copy to the patient. Thank you!

Introducing: _____ **Referral is the courtesy of:** _____

Today's Date: ____/____/____ **Patient Address:** _____

Birthdate: ____/____/____ **Sex:** M F **Home Phone:** _____ **Work Phone:** _____

- Michael L. Beckley, DDS Jennifer Liu, DDS, MD First Available

Oral Surgery Procedures To Be Performed

- Extraction, Teeth # _____
 Should we discuss dental implants with the patient? Yes No
 Alveoplasty Apicoectomy Biopsy
 Expose, bond Frenectomy
 Incision, drainage Other: _____

Consultation For Reconstructive Surgery

- Dental Implants Cleft lip, palate evaluation
 Facial Trauma Orthognathic evaluation
 TMJ Evaluation

Consultation For Facial Surgery

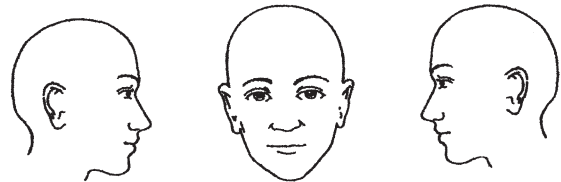
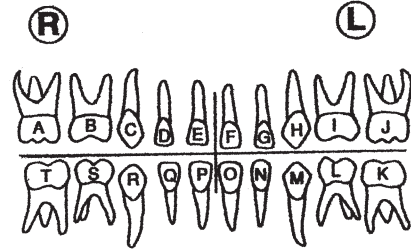
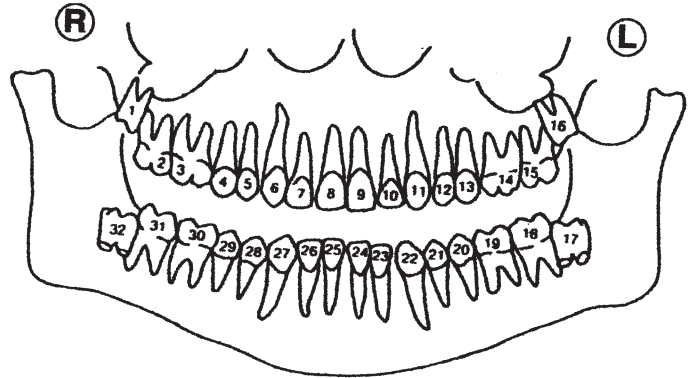
- Facial lesions removal Scar revision
 Cosmetic Facial Surgery

Radiographs

- Enclosed Given to patient Please make

Doctor's Comments: _____

Please "X" Teeth/Area To Be Treated



White copy to POFSC • Yellow copy to patient • Pink copy for referring office
To access our new patient forms, please visit us at www.pacificofs.com
info@pacificofs.com

To Our Valued Patients: *Your appointment* is time specially reserved for you. If you cannot keep your appointment, please inform the office one day in advance so the time may be given to another patient.

For patients with consultation appointments:

1. If your doctor is sending X-rays, please arrange for them to be here at the time of your appointment.
2. If you are taking medicine of any kind, bring it with you or prepare a list of the medication(s) including dosage.

For patients to be sedated during surgery:

1. Do not eat or drink ***anything*** for eight hours prior to your surgery, except for a sip of water to take scheduled medications that are approved by the doctor.
2. Clean your teeth and mouth well prior to surgery.
3. Arrange for a responsible adult to accompany you and to drive you home. Your driver must come into the office and be present during surgery.
4. Any unmarried patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery.

Our office is located at 1133 East Stanley Boulevard, Suite 215, Livermore, CA 94550. ***Our office staff will gladly provide additional directions for your travel to our office.***