

Patient: _____ Appointment date/time: _____

Birthdate: _____ Address: _____ Phone: _____

Insurance: _____ Subscriber ID: _____

X-RAYS: ☐ Attached ☐ Emailed (sendx@wsomsa.com) ☐ Given to patient ☐ Radiographs needed

☐ **CONSULTATION**

☐ **SURGERY**

☐ Extraction

☐ Exposure

☐ Bone grafting

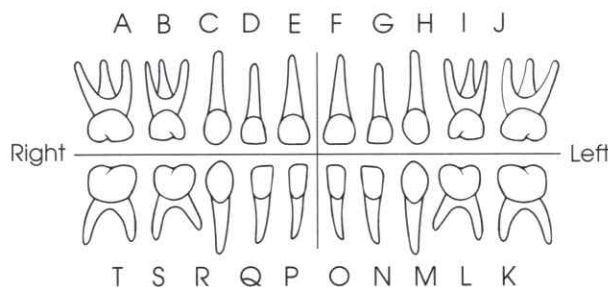
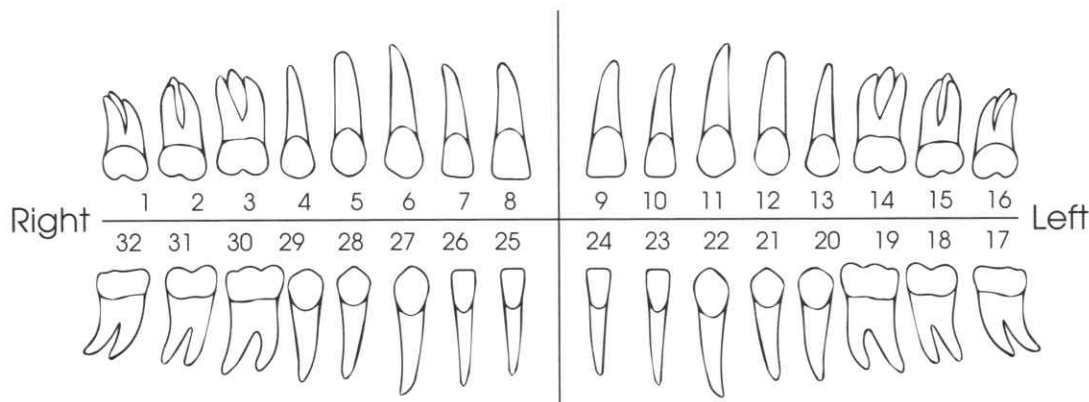
☐ Implants / ☐ Straumann ☐ Nobel

☐ Biopsy / Lesion

☐ Alveoplasty

☐ Other _____

Please mark area for treatment:



Please verify teeth for extraction: _____

Restorative plan (implant patients): ☐ Single crown ☐ Bridge ☐ Overdenture ☐ Full Arch ☐ Need surgical guide

Significant Health History / special needs: _____

Referred by: _____ Signature: _____ Date: _____

We can often provide the convenience of same-day consultation and treatment.

Minors must be accompanied by a parent or legal guardian.

Anesthesia: Patients who prefer intravenous sedation must be accompanied by a responsible adult and must not eat or drink anything for 8 hours prior to the appointment other than prescribed medications with a minimal amount of water. Patients on blood thinners or diabetic patients please contact us for instructions.