Jack Tolin, DDS Leonard M. Tyko, DDS, MD Tony W. Chu, DDS, MD

SANTA ROSA ORAL SURGERY

1174 Montgomery Drive • Santa Rosa, CA 95405 • 707-545-4625 • 707-545-4940 Fax

☐ Dental Implant(s)

PLEASE EVALUATE FOR THE FOLLOWING TREATMENT:

☐ Biopsy

☐ Extraction(s)

BOARD CERTIFIED ORAL AND MAXILLOFACIAL SURGEONS

REFERRAL

	🖵 Exposure & Bond	Infection	☐ Sedation
	☐ Frenectomy	☐ Trauma	☐ Bone Graft/Sinus Lift
Today's Date	0	Λ	a
ntroducing		388818	
Patient Phone	Right $\frac{1}{32}$ $\frac{2}{31}$ $\frac{3}{30}$ $\frac{4}{29}$ $\frac{28}{28}$	5 6 7 8 9 1 3 27 26 25 24 2	0 11 12 13 14 15 16 23 22 21 20 19 18 17 Left
Referred by		7999 9	799977
Referring Doctor Phone	A F	B C D E F	G H I J
Appointment Date Time This time is reserved specifically for you. If by necessity you must ancel your appointment, the courtesy of at least 48 hours advance notice is appreciated.	Right - Right	38888	Left
Any unmarried patient under 18 years of age must be accompanied by a parent or guardian for all appointments.	T S	R Q P O	
Send by Email Now	•		
K-RAYS:			
☐ Sent by mail ☐ Given to patient ☐ Take X-Ray			
Sent via e-mail Cone-Beam iCat Scan			
DENTAL IMPLANTS • WISDOM TEETH PEMOVAL • PECONSTR	LICTION • TRALIMA • PEDIATRIC C	DAL SUDCEDV	