



# Sacramento Valley DENTAL SPECIALISTS

ORAL SURGERY • ENDODONTICS • IMPLANTS

www.SacValleySpecialists.com

Appointment date

Today's date

Patient First Name

Last Name

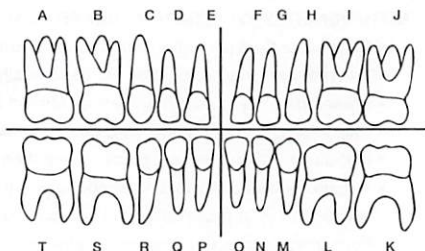
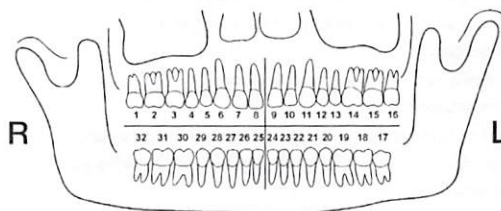
Phone

DOB

Patient E-mail

Referring Doctor

Phone



### ORAL SURGEON

- |   |  |                                      |  |  |
|---|--|--------------------------------------|--|--|
| <input type="checkbox"/> Implants                     | <input type="checkbox"/> Incision and drainage | <input type="checkbox"/> Cosmetic    | <input type="checkbox"/> Ridge augmentation      | <input type="checkbox"/> Pre-Prosthetic    |
| <input type="checkbox"/> Extraction (see tooth chart) | <input type="checkbox"/> Bone grafting         | <input type="checkbox"/> Alveoplasty | <input type="checkbox"/> CBCT scan               | <input type="checkbox"/> Lesion evaluation |
| <input type="checkbox"/> Biopsy                       | <input type="checkbox"/> Sedation              | <input type="checkbox"/> Hard tissue | <input type="checkbox"/> Orthognathic evaluation | <input type="checkbox"/> Soft tissue       |
| <input type="checkbox"/> Infection                    | <input type="checkbox"/> All-on-4 implant      | <input type="checkbox"/> Frenectomy  | <input type="checkbox"/> Expose and bond         | <input type="checkbox"/> Exposure          |
| <input type="checkbox"/> Oral/Facial lesion           | <input type="checkbox"/> TMJ                   |                                      |  |  |
| <input type="checkbox"/> Other: _____                 |  |                                      |  |  |

### Restorative Preference/Plan

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ENDODONTIST

- Treat       Retreat       Elective endo prior to coverage

### Restorative Preference

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NOTES/DOCTOR PREFERENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ELK GROVE**  
9323 Laguna Springs Blvd, Suite 100  
Elk Grove, CA 95758  
Phone: (916) 689-7837  
Fax: (916) 330-4390  
eginfo@sacvalleyspecialists.com

**SACRAMENTO**  
2277 Fair Oaks Blvd, Suite 330  
Sacramento CA 95825  
Phone: (916) 514-8368  
Fax: (916) 836-8746  
sacinfo@sacvalleyspecialists.com

### RADIOGRAPHS

- Being mailed  
 Given to patient  
 Please take  
 No X-Ray  
 E-mailed

## INSTRUCTIONS FOR SURGERY PATIENTS:

### ALL PATIENTS:

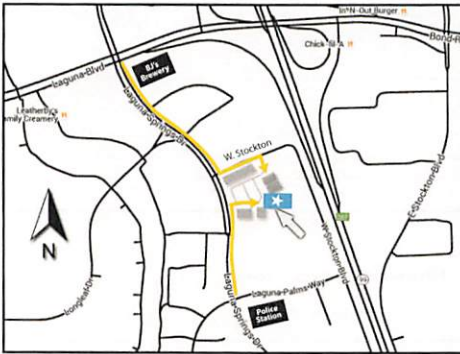
- If under 18 years of age, parental (or guardian) consent is necessary prior to any surgical procedure.
- Diabetics call for special instructions.
- Payment arrangements must be made prior to surgery.

### LOCAL ANESTHESIA PATIENTS ONLY:

- If local anesthesia only is to be used, you may drink and eat as usual.

### INTRAVENEOUS (IV) SEDATION, GENERAL ANESTHESIA OR NOTORIOUS OXIDE PATIENTS:

- No food or fluid (including water, coffee, and soda) within 8 hours of your appointment.  
The previous meal should be light and easily digested.
- Wear loose-fitting clothing. Sleeves should be easily drawn up above the elbows.
- Please empty your bladder and bowel before the appointment.
- If you use contact lenses, please leave them out or bring their case and remove prior to surgery.
- A responsible adult must accompany you to the office, remain in the building, be able to drive you home after your procedure, and be your caregiver at home.
- Following sedation or general anesthetic, you must not drive an automobile, operate any dangerous machine, or undertake any responsible business matters for the next 24 hours.
- If, prior to your procedure, you develop a cold, fever, or otherwise become ill, please contact us at (916) 689-7837. Your appointment may need to be rescheduled.



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COLLABORATIVE • EXCEPTIONAL • CARE