



**SOCALDSC™**

# North Orange County Dental Specialty Center

Practice limited to **Oral & Maxillofacial Surgery**

1480 S. Harbor, Suite 5  
La Habra, CA 90631  
Tel: 714.870.5200  
Fax: 714.870.5481

Patient's Name: \_\_\_\_\_ Date \_\_\_\_\_ for

Consultation Only

Consultation and Treatment

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
<b>R</b>																	<b>L</b>	
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	
		A	B	C	D	E		F	G	H	I	J						
<b>R</b>													<b>L</b>					
	T	S	R	Q	P		O	N	M	L	K							

Appointment Time: \_\_\_\_\_ Time: \_\_\_\_\_ A.M.  
P.M.

Chief Complaint: \_\_\_\_\_

Anesthesia Preferred:  General Anesthesia (going to sleep)  Local Anesthesia

Special Instruction / Remarks: \_\_\_\_\_

Current X-ray:  Sent by mail  Sent with Patient  Please take one  CBCT Scan

Referred by DR: \_\_\_\_\_

**Reminder: If you are having GENERAL ANESTHESIA (GOING TO SLEEP)**

- ✓ The night before your surgery, eat a light dinner early in the evening.
- ✓ NO FOOD or DRINK (including WATER) for 6 hours before the scheduled surgery.
- ✓ Wear short sleeved and loose fitting clothing (no high heels)
- ✓ Patient must be accompanied by a responsible adult who will drive patient home. The driver should plan to remain in the office during entire dental procedure.
- ✓ All minors MUST be accompanied by a parent or legal guardian.
- ✓ Have these supplies at home: Ibuprofen-type medication. Ice pack. 2-3 pillows. Cotton swabs.

**PLEASE BRING THIS CARD WITH YOU, THANK YOU.**